



SPOE Administration Manual

Chapter 1: SPOE Operations

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Office of Childhood
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Chapter 1: SPOE Operations

The State of Missouri's Office of Administration contracts with agencies to serve as the System Point of Entry (SPOE) to operate the First Steps program within each of the ten regions of the state. The Department of Elementary and Secondary Education (DESE) is the lead administrative agency that oversees the First Steps program, including SPOE contracts.

The SPOE is responsible for all administration and service coordination for the region awarded, including child find, public awareness, referral, intake, eligibility determination, and Individualized Family Service Plan (IFSP) activities for eligible children.

SECTION I: SPOE OFFICE

Each SPOE must have a physical administrative office located within the service area. The office must meet Americans with Disabilities Act (ADA) compliance. The SPOE office must have at least one SPOE personnel present at the administrative office during office hours and be available via phone Monday through Friday from 8:00am to 4:30pm to accept referrals, inquiries, and be accessible to the community, except for federal holidays.

The SPOE may post an external sign, as appropriate, to identify the office as a regional First Steps SPOE office. If such sign is posted, the sign must refer to the office using the official SPOE name, and the contractor's business name. If a logo is used, the SPOE must include the trademarked First Steps logo and may include the contractor's business logo.

➤ Authorized Use of the First Steps Logo

The First Steps logo is trademarked by DESE. The contractor must not include any state seal, state agency or department name, or the state's official name on any contractor provided materials, including but not limited to printed materials, advertisements, social media, letterhead, fax coversheets, logos, etc.

Authorized use of the logo is only available when written permission is given by the state agency for official documents from the SPOE on behalf of the state agency (e.g., letters to First Steps families, SPOE business cards, etc.). If the SPOE chooses to include the First Steps logo on SPOE business cards, then the business cards must also include official SPOE name and the contractor's business name.

For all other situations (i.e., agency brochures or correspondence not specifically related to First Steps, miscellaneous office supplies, clothing, etc.), the SPOE is not authorized to use the First Steps logo and must obtain prior approval from DESE in writing before using the logo.

Each SPOE is an independent contractor and must not represent the agency or the agency's employees as employees of DESE or the First Steps program, including in email addresses, business cards, etc. In all communications or correspondences with families or outside individuals,

the SPOE staff must be clear that they are contractors and not employees of the state and represent themselves as their own agency name (e.g., Sally, Service Coordinator with ABC Agency on behalf of Missouri First Steps).

SECTION II: SPOE PERSONNEL

The SPOE determines the most efficient operation for the management and service coordination in a particular region in order to complete the required activities, including referral processing, IFSP activities and Early Intervention Teams (EIT).

Each SPOE must have a contingency plan for providing expected levels of staffing at all times, including the temporary substitution of personnel, to properly perform all required SPOE activities. Substitute personnel must meet First Steps enrollment requirements.

A. SPOE Management Team

The SPOE Management team consists of the SPOE Director, the Assistant Director (as applicable), the Lead Service Coordinator, and the Teaming Coordinator. The specific requirements of each SPOE Management Team member are outlined in the SPOE contract.

Ultimately, it is the responsibility of the SPOE Director to ensure the assigned region adheres to all program policies, procedures, and guidance. The SPOE Director is also responsible for ensuring caseloads for the SPOE Management Team are maintained and submitting any requests for temporary caseload increases to DESE per the contract.

However, the SPOE Management Team works together, and various team members may be designated to oversee specific requirements. The SPOE Management Team must be knowledgeable of all rules and regulations that govern the First Steps program which guide the daily operations of the SPOE. Guidance is outlined in the following resources:

- SPOE Administration Manual
- Practice Manual
- Service Provider Manual

The SPOE Management Team should have leadership and management skills, and knowledge of evidence-based practices in early intervention.

1. SPOE Director

Each SPOE must employ one full-time program administrator for the region, known as the SPOE Director. The role of the SPOE Director is critical to the success of the SPOE contract. The SPOE Director manages the day-to-day operations of the region including, but not limited to, supervising personnel, assisting families of eligible children, working with enrolled providers, collaborating with school districts, and networking with community partners.

The SPOE Director also oversees the development and implementation of the SPOE needs assessment and technical assistance plan, as well as the administration plans for child find,

public awareness, educational surrogates, assistive technology, provider recruitment, Early Intervention (EI) Examiners, and EIT implementation (see SPOE Administration Manual Chapter 2).

The SPOE Director supervises the Assistant Director (if applicable), Teaming Coordinator, Lead Service Coordinator(s), Data Entry staff and Secretarial staff. If the SPOE Director meets the personnel standards for a Service Coordinator, the Director may enroll as a Service Coordinator in the event of an unexpected leave or personnel turnover to conduct service coordination activities. The SPOE Director should not conduct service coordination activities on a regular, ongoing basis. The SPOE Director can have a caseload of no more than five children assigned at any given time without prior approval of the state agency. If the SPOE Director anticipates a need to have more than five children assigned, then a justification statement with a timeline must be sent to the DESE Senior Program Specialist prior to assigning the children.

The SPOE Director and the DESE Senior Program Specialist meet regularly to review SPOE data and discuss administrative activities in order to plan training and professional development for the region.

2. Assistant Director

The SPOE may employ an Assistant Director. The Assistant Director's primary role is to oversee and support Service Coordinators. Additionally, the Assistant Director assists the SPOE Director with day-to-day operations, implementation of the SPOE administration plans, including the needs assessment and technical assistance plan, addressing SPOE complaints and compliance issues.

The Assistant Director supervises the Lead Service Coordinator(s) and Service Coordinators. The Assistant Director must meet the personnel standards for a Service Coordinator and enroll as a Service Coordinator in the event of an unexpected leave or personnel turnover to conduct service coordination activities and can have a caseload of no more than 15 children assigned at any given time without prior approval of the state agency. If anticipated that the Assistant Director will temporarily need more than 15 children assigned, then a request for caseload increase, with a timeline, must be sent to the DESE Senior Program Specialist prior to assigning the children.

The Assistant Director meets with the SPOE Director and the DESE Senior Program Specialist to review SPOE data and discuss administrative activities in order to plan training and professional development for the region.

3. Teaming Coordinator

Each SPOE must employ a Teaming Coordinator. The Teaming Coordinator's primary role is to assist the SPOE Director with the implementation of the SPOE administration plans for provider recruitment and onboarding, EIT and EI Examiners, prepare for and facilitate EIT meetings, and manage provider complaints. Additionally, the Teaming Coordinator assists

DESE with communication to providers. The Teaming Coordinator oversees activities with providers in the region as described in SPOE Administration Manual Chapter 3.

Full-time Teaming Coordinators should not conduct service coordination activities on a regular, ongoing basis. If the Teaming Coordinator meets the personnel standards for a Service Coordinator, the Teaming Coordinator may enroll as a Service Coordinator in the event of an unexpected leave or personnel turnover to conduct service coordination activities. If the Teaming Coordinator is full-time, then the Teaming Coordinator must not have more than five children assigned without prior approval of DESE. If anticipated that the Teaming Coordinator will temporarily need for more than five children assigned, then a request for caseload increase, with a timeline, must be sent to the DESE Senior Program Specialist prior to assigning the children.

If the Teaming Coordinator is part-time and also enrolled as a part-time Service Coordinator, then the Teaming Coordinator must not have a caseload of more than 25 children assigned at any given time without prior approval of DESE. If anticipated that the Teaming Coordinator will temporarily need more than 25 children assigned, then a request for caseload increase, with a timeline, must be sent to the DESE Senior Program Specialist prior to assigning the children.

4. Lead Service Coordinator(s)

Each SPOE must employ at least one part-time, but no more than two full-time Lead Service Coordinator(s). The Lead Service Coordinator's primary role is supervision and training of Service Coordinators. The Lead Service Coordinator assists the SPOE Director with the implementation of SPOE administration plans, including the needs assessment and technical assistance plan, addressing Service Coordinator complaints and implementing corrective actions.

If the Lead Service Coordinator is full-time, then the Lead Service Coordinator must not have more than 15 children assigned without prior approval of DESE. If anticipated that the Lead Service Coordinator will temporarily need more than 15 children assigned, then a request for caseload increase, with a timeline, must be sent to the DESE Senior Program Specialist prior to assigning the children.

If the Lead Service Coordinator is part-time and also enrolled as a part-time Service Coordinator, then the Lead Service Coordinator must not have a caseload of more than 25 children assigned at any given time without prior approval of DESE. If anticipated that the Lead Service Coordinator will temporarily need more than 25 children assigned, then a request for caseload increase, with a timeline, must be sent to the DESE Senior Program Specialist prior to assigning the children.

B. Service Coordinators

The SPOE is responsible for employing all Service Coordinators for the First Steps program. Service Coordinators provide the vital link between families, early intervention service providers, and the SPOE office. The SPOE must identify Service Coordinators who meet the minimum qualifications as outlined in the Missouri First Steps Personnel Standards (see Service Provider Manual Chapter 1: Provider Enrollment).

Service Coordinators must be knowledgeable of First Steps compliance standards and best practices. Service Coordinators must perform all required Service Coordinator activities outlined and in accordance with the First Steps Practice Manual including:

- Assist parents of assigned children in gaining access to and coordinating the provision of the early intervention services and other local resources.
- Assist the SPOE with referral, intake, and eligibility determination activities.
- Assist with planning, meeting, developing, implementing, and reviewing the IFSP, including the family assessment and Early Childhood Outcomes.
- Maintain regular, direct contact with the families of assigned children (e.g., phone call, email, text message, or home visit).
- Maintain accurate, complete, and timely records.
- Monitor the delivery of services to ensure the services are provided in accordance with the IFSP.
- Facilitate a transition plan for children exiting First Steps.
- Participate in EIT meetings.

A full-time Service Coordinator must not enroll as a Service Provider in any region of the state. However, a part-time Service Coordinator may enroll as a Service Provider and provide early intervention services in a region other than the region where enrolled as a Service Coordinator.

C. Administrative Staff

Each SPOE office must have at least one secretary who can assist the SPOE Director with the operation of the SPOE. The primary role of the secretary is customer contact activities (e.g., phone, email and mail) such as accepting referrals, filing, document preparation and document uploading. The secretary must be knowledgeable about the First Steps program in order to respond to phone calls and general questions from the public in a timely manner.

Each SPOE office must have at least one data entry staff to provide assistance to Service Coordinators with required data entry, record keeping activities and uploading documents. Data

entry staff must be knowledgeable of the web-based child data system (i.e., WebSPOE) and the First Steps process, including timelines.

D. Staff Enrollment and Training

The SPOE works with the Central Finance Office (CFO) to enroll personnel in the First Steps system. The SPOE Director is responsible for maintaining documentation of staff enrollment and staff training. The staff enrollment forms and links to required trainings are available in the SPOE Administration Manual Links.

1. Background Checks

Prior to providing any SPOE services, all staff, including interns, temporary staff, volunteers, delegates, or subcontractors must complete the Family Care Safety Registry (FCSR) screening. The FCSR must also be completed annually and submitted to the CFO as directed by DESE.

Within 30 calendar days from the first FCSR, the SPOE must also conduct a background check on all staff, including interns, temporary staff, volunteers, delegates, or subcontractors. The background check must include:

- A Federal Bureau of Investigation fingerprint check;
- A search of the National Crime Information Center's National Sex Offender Registry; and
- A search of the following registries, repositories, or databases in Missouri, the state where the staff member resides, and each state where such staff member resided during the preceding five years:
 - The state criminal registry or repository, with the use of fingerprints being required in the state where the staff member resides and optional in other states;
 - The state sex offender registry or repository; and;
 - The state-based child abuse and neglect registry and database.

SPOE personnel must not provide any duties under the contract until the fingerprint screening process is complete, unless the individual has been cleared through the FCSR.

The SPOE is responsible for all costs related to background checks and FCSR screening. The SPOE must maintain documentation that the requirements of the background check have been met for the duration of the contract.

For more information on obtaining a background check, see the Service Coordinator Enrollment Forms under the SPOE Administration Manual.

2. Initial Enrollment

Prior to providing First Steps services or accessing WebSPOE, SPOE personnel must complete enrollment requirements.

a) SPOE Management Team

New SPOE Management Team members must complete the following requirements and submit to the CFO:

- First Steps online training modules 1 through 9,
- Family Educational Rights and Privacy Act (FERPA) Training,
- Mandated Reporter Training,
- Fingerprint Background Check, and
- FCSR.

Any SPOE Management Team member also enrolled as a Service Coordinator must complete the Service Coordinator requirements.

b) Service Coordinators

Prior to being enrolled with the CFO and obtaining a WebSPOE log-in, the SPOE must ensure each Service Coordinator meets the following requirements and submit to the CFO:

- First Steps online training modules 1 through 8,
- FERPA Training,
- Mandated Reporter Training,
- Fingerprint Background Check, and
- FCSR.

Additionally, Service Coordinators must attend a DESE sponsored Developmental Assessment of Young Children – Second Edition (DAYC-2) training within one year of enrollment.

c) Administrative Staff

Office staff including the SPOE Secretary and data entry staff must meet the following requirements prior to being enrolled with the CFO and obtaining a WebSPOE log-in:

- FERPA Training,

- Mandated Reporter Training,
- Fingerprint Background Check, and
- FCSR.

3. Ongoing Enrollment

To maintain enrollment in First Steps, SPOE personnel must complete annual enrollment requirements. The SPOE must maintain documentation that the requirements of ongoing enrollment have been met for the duration of the contract.

a) All Staff

To maintain enrollment, each SPOE staff member, including SPOE Management Team and Service Coordinators, must meet the following requirements each calendar year

- FCSR (submitted to the CFO),
- FERPA Training (keep on file at the SPOE), and
- Mandated Reporter Training (keep on file at the SPOE).

b) Service Coordinators

Service Coordinators, including SPOE Management Team members enrolled as Service Coordinators, have additional requirements to maintain enrollment. Each Service Coordinator must meet the following ongoing requirements:

- Modules 2 - 9 of the First Steps online training modules every odd numbered year (i.e., 2025, 2027, etc.)
- Ten hours of professional development each calendar year.

The CFO tracks completion of modules based on weekly reports from the module platform. Completion of the modules is documented in WebSPOE.

While Service Coordinators only have to complete ten hours, the professional development requirements follow the same guidelines as non-licensed providers. The SPOE is required to keep documentation of the professional development on the ***Professional Development Log for Service Coordinators*** (SPOE Administration Manual Documents). For more information on acceptable topics and methods to obtain professional development, see Service Provider Manual Chapter 1.

Professional development for Service Coordinators is prorated during the initial year of employment based on the month of hire as shown in the chart below:

<i>Prorated Professional Development Hours for Initial Year of Employment for Service Coordination Staff</i>	
Hire Month	Required PD Hours by December 31 of hire year
January	10 Hours of Professional Development
February	9 Hours of Professional Development
March	8 Hours of Professional Development
April	7 Hours of Professional Development
May	6 Hours of Professional Development
June	5 Hours of Professional Development
July	4 Hours of Professional Development
August	3 Hours of Professional Development
September	2 Hours of Professional Development
October	1 Hour of Professional Development
November	N/A
December	N/A

4. Staff Training

The SPOE Management Team develops and implements a written training plan for personnel to be knowledgeable of the First Steps program requirements and practices. The training plan must address both new employee orientation/onboarding and ongoing training needs, timely and accurate data entry, and ongoing monitoring of the child data system to ensure data are accurate and up to date. This plan should be inclusive of all SPOE staff. For more information on the training plan, see SPOE Administration Manual Chapter 2.

The SPOE Management Team may use a variety of training methods to meet the individual needs of staff. The SPOE Management Team works with the assigned DESE Senior Program Specialist to identify needs and implement training.

a) New Personnel

The SPOE Management Team ensures a training plan is established for new personnel to ensure understanding of the First Steps program within the first six months of employment. Depending on the employee's position at the SPOE, the new employee training plan may include the following resources:

- First Steps Practice Manual;
- First Steps Service Provider Manual;
- First Steps Online Modules;
- Part C Compliance Standards and Indicators;
- Seasoned Service Coordinators for shadowing and mentorship; and
- WebSPOE training.

The SPOE Management Team determines when new personnel are ready to work independently.

b) Ongoing Personnel

The SPOE Management Team is responsible for assessing the ongoing training needs of all staff to determine individual and group training needs. The SPOE Management Team creates an ongoing training plan for all personnel, including those who work directly with families and those who do not. The ongoing training plan should not only account for new guidance, as well as refreshers on established guidance.

Depending on the employee's position at the SPOE, the ongoing training plan may include the following resources:

- First Steps Practice Manual;
- First Steps Service Provider Manual;
- First Steps Online Modules;
- Part C Compliance Standards and Indicators;
- Seasoned Service Coordinators for mentorship or brainstorming; and
- WebSPOE training.

The SPOE Management Team is responsible for dissemination of DESE updates to SPOE personnel. The SPOE Management Team ensures personnel understand and implement all DESE updates and guidance.

E. Data System Enrollment

The SPOE Management Team works with the CFO to enroll all required SPOE personnel with access to the electronic data system known as WebSPOE. WebSPOE contains child specific information about referral, intake, eligibility determination, IFSP meeting activities, delivered services, case notes, and timelines. Data is entered in real-time and is accessible based on a user-level access with password protection in order to maintain privacy.

All enrolled SPOE personnel receive a unique username and password from the CFO. SPOE personnel are not allowed to share their unique username and password or answers to the security questions with anyone. When SPOE personnel log into WebSPOE with their username and password, the system generates a record of any data entered or pages viewed by that user, which is why it is critical for the person who logged in to be the same person who completed the data entry activities.

If a SPOE employee with access to WebSPOE leaves employment, then the SPOE Director notifies the CFO immediately to inactivate the employee's WebSPOE account after all meetings have been

finalized. The SPOE Director sends an email to the CFO (mofsenroll@gainwelltechnologies.com) indicating the Service Coordinator's enrollment needs to be inactivated and attaches the *Service Coordinator Information and Online Access Form* indicating "Delete Access".

For more information on the enrollment forms, see SPOE Administration Manual Chapter 1 *Service Coordinator Enrollment Forms*.

SECTION III: REFERRAL PROCESSING

The SPOE's fundamental responsibilities are to process referrals, determine eligibility, develop IFSPs, and ensure service delivery for children found eligible for First Steps is in accordance with the IFSP. The SPOE Management Team's responsibility is to ensure these day-to-day responsibilities operate smoothly and in alignment with state guidance, including the Practice Manual.

A. Eligibility Determination to IFSP Development

When referred to First Steps, a child is assigned a Service Coordinator to conduct referral, intake and eligibility activities.

For each referral, the Service Coordinator is responsible for reviewing all documentation received, applying the eligibility guidance, and determining eligibility. The SPOE Management Team is responsible for ensuring eligibility determination is completed consistently by Service Coordinators across the region in alignment with program guidelines and required timelines.

For each eligible child, the Service Coordinator is responsible for developing and implementing an IFSP. To ensure each child and family receives the services identified in the IFSP, the SPOE Management Team works with and educates all Service Coordinators and providers in understanding the program guidelines. For more information on referral, intake and evaluation, see Practice Manual Chapter 3. For more information on eligibility determination, see Practice Manual Chapter 4. For more information on IFSP development, see Practice Manual Chapter 6.

➤ Ineligible List

The SPOE Management Team is encouraged to develop criteria for a call-back list for children determined ineligible, but who exhibit developmental concerns. This check-in with the family helps the SPOE to determine if concerns remain and if an additional referral to First Steps is appropriate.

B. Educational Surrogate

When a child referred to First Steps does not have an educational decision maker, the child may need an Educational Surrogate to fill the role of a parent when there is no natural parent or other adult authorized to make decisions on behalf of the child (i.e., ward of the state). The SPOE Management Team is responsible for understanding the purpose for and planning for the use of Educational Surrogates throughout the region (see *Educational Surrogate Instructions* in SPOE Administration Manual Documents).

A SPOE Management Team member reviews a family's situation and determines if a child needs an Educational Surrogate to serve as the educational decision maker. When an Educational

Surrogate is needed, a SPOE Management Team member requests the appointment of an Educational Surrogate via DESE's web-based system.

The SPOE Management Team assists DESE by working with Educational Surrogates, including recruiting of volunteers to apply with the state to be an Educational Surrogate and assist DESE with training the volunteers. After the Educational Surrogates responsibilities end for the specific child, the SPOE Management Team completes an Educational Surrogate evaluation as directed by DESE (see SPOE Administration Manual Chapter 2).

For more information and instruction on using Educational Surrogates, see SPOE Administration Manual Links and Practice Manual Chapter 2: Parental Rights.

SECTION IV: CHILD RECORDS

The SPOE establishes and maintains an electronic record for each child referred to or transferred to the SPOE, regardless of the outcome of the referral (e.g., parent withdraw, child is eligible, child is ineligible).

The electronic record is the official early intervention record and contains all information related to the child's participation in First Steps, including referral, evaluation/assessment, eligibility, and IFSP information. Service Coordinators are also responsible for maintaining accurate, complete and timely records for children on their caseload.

The SPOE Management Team is responsible for ensuring timely and accurate data entry by all SPOE staff. The SPOE Management Team creates a process to ensure that all necessary data and records (e.g., referral, eligibility, IFSP information, authorizations, notice of action, release of information, family financial/insurance information, etc.) are entered or uploaded consistently as the activities occur. The SPOE Management Team conducts ongoing monitoring of the data system to ensure child records are accurate and up to date.

All necessary data entry and document uploads into WebSPOE must be completed within 30 calendar days of the child's exit date.

➤ **Paper Records**

If the SPOE has any lingering paper records for children referred prior to September 1, 2024, the SPOE must follow the record retention and destruction of records policy as described in Practice Manual Chapter 2: Parental Rights.

SECTION V: SPOE TRANSFERS

While participating in First Steps, a child may move within the same region or across regions. When a child moves across regions, both the transferring SPOE and the receiving SPOE work closely together to ensure a smooth transition of records to lessen any service delays.

When the SPOE is notified that a child is relocating within Missouri, the current Service Coordinator confirms the moving date with the family, including the new address, school district and contact information. Until confirmed directly with the family (or Children's Division) that the child has officially moved, the SPOE cannot transfer the child's electronic record to the new region.

The transferring SPOE notifies the receiving SPOE of the pending transfer, including new address and anticipated move date. The transferring SPOE and receiving SPOE communicate about upcoming IFSP meeting timelines. If the child has an IFSP meeting due within the next four to six weeks, then the transferring SPOE attempts to complete the upcoming meeting with the family before the child moves. However, if the transferring SPOE is unable to complete the meeting before the child relocates, then the responsibility of the upcoming IFSP meeting falls to the receiving SPOE.

Prior to the transfer, the transferring SPOE uploads in the child's electronic record all paper documentation. Additionally, the transferring SPOE updates the child/family's address, including county, and contact information in the Family tab of the child's electronic record and ensures all IFSP meetings have been finalized and case notes are entered.

Once confirmed the family has relocated to a new SPOE region and all data entry is complete, the transferring SPOE completes a SPOE Transfer of the child's electronic record (via the Transfer History tab) to the receiving SPOE. Once this is complete, the receiving SPOE has access to the child's record and the transferring SPOE no longer has access. The transferring SPOE notifies the receiving SPOE of the transfer. The receiving SPOE cannot refuse the transfer for any reason.

Once the receiving SPOE obtains the electronic file, the SPOE assigns a Service Coordinator. The Service Coordinator contacts the family, confirms new address, including school district, and works with the family to continue services in the new region. A new IFSP may be needed to learn more about the family's concerns and priorities before creating new authorizations; and is required if the child is in foster care.

If there are questions about the child's file or meeting timelines, the receiving SPOE contacts the transferring SPOE for clarification.

➤ **Transition Meetings**

If the Transition Plan IFSP meeting is completed prior to the child relocating, then the receiving SPOE is not required to conduct another Transition Plan IFSP meeting. However, the receiving Service Coordinator verifies that the family understands the transition options available in the new location.

If the Transition Conference IFSP meeting is completed prior to the child relocating, then the transferring SPOE notifies the local school district that the child has relocated. However, if the Transition Conference IFSP meeting was not completed prior to the child relocating and the parent requests a Transition Conference with ECSE, then the receiving Service Coordinator must hold this meeting.

For more information about transition, see Practice Manual Chapter 10: Transition.

SECTION VI: SPOE MILEAGE REIMBURSEMENT

In order to be reimbursed for mileage, the SPOE must utilize the *SPOE Daily Mileage Log* (see SPOE Administration Manual Forms) to record the travel to and from First Steps related activities. Google Maps is the preferred method to calculate mileage. Mileage may be claimed for the following activities:

- Mileage incurred for the Service Coordinator to attend IFSP meetings, EIT meetings, and to perform the required First Steps service coordination activities, outside the Service Coordinator's official domicile (e.g., home visit, childcare facility).
- Mileage incurred for the contractor's Teaming Coordinator to attend EIT meetings and perform required First Steps activities.
- Mileage incurred for the SPOE Management Team to perform the required First Steps duties of their position.
- Mileage incurred for the administrative staff to perform office-related travel (e.g., post office, pick up/deliver office supplies or assistive technology delivery).
- Mileage incurred for SPOE personnel to attend up to 12 staff meetings/trainings within Missouri per contract year that are not sponsored by the state agency.
- Mileage incurred for SPOE staff to attend DAYC-2 training within their first year of employment per contract requirements.

Mileage reimbursement does **not** include miles to non-First Steps activities, such as attending Individualized Education Program (IEP) meetings, lunch, or errands. If SPOE staff stop to work on First Steps activities (e.g., data entry, paperwork) in between visits, then that mileage may be counted on their log if it is specifically documented in the Office Related Travel Explanation column.

All mileage activities entered as "Office-Related Travel" must provide a specific explanation for this mileage entry on the mileage log under Office Related Travel Explanation column.

In general, SPOE mileage follows the same guidelines as provider mileage reimbursement. For more information on provider mileage guidelines, see Service Provider Manual Chapter 10: Mileage and Travel Incentive.

A. Official Domicile

Each SPOE staff person must designate one official domicile (e.g., SPOE or home office) where they typically begin work each day. The official domicile is entered on the SPOE Daily Mileage Log.

Mileage tracking begins from the starting point that is closest to the First Steps related activity (i.e., official domicile or the actual starting point). If the starting point is not the official domicile, then SPOE staff can record the mileage as long as the distance does not exceed the number of miles from the official domicile. If the starting location is farther away from the First Steps activity than the official domicile, then mileage tracking begins at the official domicile (i.e., the closest starting point). When the starting location is not the official domicile, staff indicate “no” on the daily mileage log column “*Start from Official Domicile? Y or N*” and enter the address of the starting location.

If traveling to multiple First Steps activities, then upon returning to the official domicile from the last activity enter as “return to domicile” in the *Purpose/Activity* column on the mileage log.

B. Most Direct Route

Mileage reimbursement is provided for the most direct route (i.e., shortest distance) from the official domicile or starting point to the First Steps activity using Google Maps. Mileage reimbursement is available when the most direct route to deliver First Steps activities is outside the geographic boundaries of the State of Missouri (e.g., the most direct route goes through a neighboring state before returning to Missouri).

If the most direct route is unavailable (e.g., road closed due to construction), then the SPOE staff person must note the reason for additional mileage. SPOE staff may opt for a different longer route due to safety concerns (e.g., no cell service or avoiding areas of high crime) or road condition concerns (e.g., snow covered or accident). When choosing a route other than the most direct route, the justification must be noted on the mileage log.

C. Other Transportation Costs

If the most direct route of travel for First Steps required activities involves the SPOE staff using a toll bridge, then the toll fee can be reimbursed. When free parking is not available to conduct First Steps activities (due to proximity of the location or for safety reasons), parking fees can be reimbursed. SPOE staff document the cost of any toll or parking fees on the *SPOE Daily Mileage Log* under the column “*Other Related Costs*”. The cost of the toll and parking fees for the month can be added to the total mileage reimbursement cost on the *SPOE Monthly Mileage Invoice* and receipts must be kept on file.

D. Monthly Mileage Submission

Each month, the SPOE compiles the total miles logged from the SPOE Daily Mileage Logs and submits the total to DESE on the SPOE Monthly Mileage Invoice (see Section VII).

Before submitting the SPOE Monthly Mileage Invoice to DESE, the SPOE Management Team should review each mileage log for accuracy, including:

- Precise street address, city, state and zip code for each official domicile and location traveled (e.g., Early Head Start is not a specific address)
- Single trip per line
- Specific purpose or activity for each trip
- Mileage is actual, not estimated
- When recording mileage, always use whole numbers, rounding up if the actual number is .5 or more and rounding down if the actual number is .4 or less (i.e., 16.5 would be entered as 17 miles; 82.3 miles would be entered as 82 miles)
- If the most direct route is not available, then a reason for the alternative route taken is noted on the mileage log with enough detail as to why the most direct route is unavailable (e.g., road closed due to construction)
- Double check all calculations on the mileage logs before submitting the mileage invoice

SPOE mileage logs may be reviewed by DESE. For more information on mileage reviews, see SPOE Administration Manual Chapter 6.

SECTION VII: SPOE AS PROVIDER

The SPOE enrolls with the CFO as a provider agency in order to deliver services under SPOE as Provider.

A. Authorization Placeholder

Whenever a service has been consented to by the parent, but the Service Coordinator is unable to assign an authorization to an enrolled First Steps provider, the SPOE as Provider option may be used as a placeholder authorization. For example, if a parent consents to Transportation as a service, but has not yet completed the enrollment paperwork to become a family transportation provider, then SPOE as Provider may be assigned to the authorization until the parent completes enrollment.

Another example is when a service has been consented to, but the Service Coordinator is unable to immediately locate a provider. SPOE as Provider can be utilized as a placeholder until an enrolled provider is located. If an enrolled provider cannot be located, then the Service Coordinator follows the No Provider Available guidance (see Practice Manual Chapter 9: Service Guidelines) or considers subcontracting.

B. Service Delivery and Purchases

The SPOE can also submit claims to DESE under SPOE as Provider when subcontracting or to make a First Steps related purchase.

1. Subcontracting

As outlined in the SPOE contract, the SPOE may deliver early intervention services via subcontracting under a SPOE as Provider authorization.

In instances where the SPOE uses this function, the SPOE Management Team ensures the subcontracted provider meets qualifications for the early intervention service provider type as described in the Missouri First Steps Personnel Standards (see Documents under Service Provider Manual Chapter 1: Provider Enrollment).

DESE reimburses SPOE as Provider authorizations at the same rate as an enrolled early intervention service provider type as described in the Provider Rates Schedule (see Documents under Service Provider Manual Chapter 9: Billing and Accountability).

When providing services under a SPOE as Provider authorization, the SPOE is essentially the provider administrator, which means the SPOE is responsible for ensuring the service is delivered in accordance with the IFSP, proper recordkeeping to document the service delivered, and claim entry for payment.

When using a SPOE as Provider authorization, if the service location allows for mileage to be reimbursed, then the subcontracted provider may be paid mileage in addition to the service. After the subcontracted provider completes services, the SPOE can submit a claim for services (and any applicable mileage) under the Provider Account Management tab in WebSPOE.

The SPOE must follow all policies for providers as outlined in the Service Provider Manual when subcontracting with a provider who is not enrolled in First Steps. Documentation of the subcontractor's services is entered into the child's electronic record under Progress Notes by the SPOE.

2. Reimbursement

The SPOE may receive reimbursement for First Steps related purchases under their SPOE as Provider account.

a. Reimbursement for Evaluation Protocols

The SPOE is responsible for purchasing and disseminating the protocols (i.e., the Developmental Assessment of the Young Child – 2nd Edition or DAYC-2) needed to complete evaluations for all children referred for developmental delay within the assigned region.

Prior to the start of the fiscal year, the SPOE is notified by DESE of the estimated number of protocols the SPOE should need to purchase. The SPOE may only purchase protocols within the allotted amount. Materials purchased in excess of the state approved quantity are not reimbursed by DESE. If the SPOE determines more protocols are needed within a fiscal year, then the SPOE must contact the DESE Senior Program Specialist to request permission to purchase additional protocols.

By no later than 60 calendar days after the date of purchase of evaluation protocols, the SPOE submits an itemized invoice to DESE using the ***SPOE Testing Protocols Invoice State Contracted*** form (see SPOE Administration Manual Forms) for reimbursement.

b. Reimbursement for SPOE Monthly Mileage

The SPOE must maintain a record of all travel for each staff person on the ***SPOE Daily Mileage Log*** (see SPOE Administration Manual Forms). The SPOE records the mileage for each month for First Steps required activities, including intake and IFSP meeting activities, Early Intervention Team meeting attendance, child find and public awareness activities.

The SPOE is reimbursed the state mileage rate for all applicable travel (see SPOE Administration Manual Links).

After the mileage logs are reviewed for accuracy, the total miles for all SPOE personnel are submitted monthly. By no later than 60 calendar days after the date travel was conducted, the SPOE compiles the total miles claimed from the SPOE Daily Mileage Logs for all personnel onto the ***SPOE Monthly Mileage Invoice*** (see SPOE Administration Manual Forms).

The invoice may not include travel from previous or future months (i.e., the monthly invoice for June may only include travel in the month of June). The SPOE Monthly Mileage Invoice does not include travel expenses for state sponsored training or any trainings outside the geographic boundaries of the State of Missouri. For more information on applicable SPOE mileage, see Section VI above.

All documentation supporting the mileage invoiced must be submitted to DESE as requested. Compliance staff conduct regular monitoring of SPOE mileage. For more information on mileage monitoring, see SPOE Administration Manual Chapter 6.

c. Reimbursement for Printing and Mailing

The SPOE submits the ***SPOE Monthly Printing and Mailing Invoice*** (see SPOE Administration Manual Forms) for reimbursement of the printing of forms and other required documents to give to families (e.g., the Notice of Action Consent (NOA/C), Parental Rights). The SPOE must submit an itemized receipt with the invoice no later than the last business day of each month of service.

Printing and mailing cost include copy paper, toner, ink, offsite print/copy services (e.g., bulk copy order), stamps, envelopes, and paid postage. The items must be used solely for services provided under the contract (e.g., toner cannot be used in a printer that is used for other services not associated with the contract).

Items not included in printing and mailing costs shall include, but not be limited to, equipment (e.g., printers, fax machines, scanners), equipment maintenance and general office supplies (e.g., pens, notepads, paperclips).

d. Transportation and Related Costs

Transportation and related costs provide reimbursement to the family for travel (e.g., mileage, taxi, bus) and related costs (e.g., tolls, parking, hotel) to a special purpose setting in order for the child to receive early intervention services as identified in the IFSP.

The family is responsible for paying all related costs up front. Parking fees are reimbursed only if free, safe parking is not easily accessible to the special purpose center. A receipt is required for reimbursement for parking fees over \$5.00.

The family is reimbursed up to the local per diem rate applicable for the date of any necessary hotel stays (see SPOE Administration Manual Links). If a family has difficulty obtaining a reservation using the per diem rate, the family should inform the Service

Coordinator immediately who then contacts DESE to review. The family is responsible for any additional fees, not listed on the final, itemized receipt from the hotel, including third-party booking fees or cancelation fees.

After related costs have been incurred, the family submits their final, itemized receipts to the SPOE. The SPOE verifies the expenses and service delivery. Once verified by the SPOE, there are two options for reimbursement:

- If the family is an enrolled family transportation provider, then the SPOE submits the documentation to the DESE Senior Program Specialist for the family to receive payment via a WebSPOE transaction.
- If the family is not an enrolled family transportation provider, then the SPOE submits the documentation to the DESE Senior Program Specialist for the SPOE to receive the payment as SPOE as Provider. The SPOE is responsible for reimbursing the family for the related costs.

All receipts and requests for payment for related costs must be submitted within one year of the date of service. Requests for reimbursement received one year or more after the date of service will not be reimbursed.

For more information on transportation and related costs, see Practice Manual Chapter 8: Services.

SECTION VIII: ASSISTIVE TECHNOLOGY

Assistive technology services and devices must be directly related to the developmental needs of the child, and necessary for the child to accomplish IFSP outcomes within the child and family's everyday routines and activities. The SPOE must comply with guidelines for obtaining and storing assistive technology devices.

A. Assistive Technology Decisions

The IFSP team determines the need for assistive technology devices and services to support a child in meeting IFSP outcomes, and then parental consent is obtained for the appropriate assistive technology device and/or service. The Service Coordinator completes the ***SPOE Assistive Technology Pricing Worksheet*** (see Practice Manual Chapter 8 Documents) listing a description of the needed device, including all pertinent information such as size and modifications. The Service Coordinator submits the pricing worksheet to the designated SPOE Management Team member for processing.

While the SPOE Management Team cannot approve or deny IFSP team decisions, the SPOE Management Team is responsible for providing the team with guidance and oversight to ensure the First Steps philosophy and regulations are followed. Additionally, the SPOE Management Team is responsible for ensuring assistive technology devices are requested by qualified providers. For more information on assistive technology, including facilitating assistive technology discussions at an IFSP team meeting, see Practice Manual Chapter 8: Early Intervention Services.

➤ Devices Not Meeting First Steps Guidance

If the team decides on an item that does not follow First Steps guidance, then the SPOE Management Team is responsible for working with the IFSP team on determining a device that does meet guidance. Once an acceptable device is determined, the SPOE Management Team reviews the language on the NOA/C form. If the language on the NOA/C pertaining to the assistive technology device was not specifically written (i.e., does not detail the inappropriate device) and the newly proposed device meets the description on the NOA/C, then a new NOA/C is not needed for the new proposed device.

However, if the language on the NOA/C pertaining to the assistive technology device was specifically written (i.e., details the inappropriate device), then the parent must be given a NOA - IFSP Team Refused Parent Request for Ongoing Assessment or Service to notify the parent that the inappropriate device will not be purchased. Once the IFSP team determines the new appropriate device, a new NOA/C would need to be completed with the parent.

B. Obtaining Devices

After verifying consent for assistive technology, the SPOE Management Team is responsible for determining the most economical method to obtain assistive technology devices (e.g., loan, construct, purchase). The IFSP team may suggest a specific item, brand name or modification, and the SPOE Management Team reviews the suggestion as part of the determination of the most economical method to obtain the device.

Once the device has been located, the SPOE Management Team documents the method used to obtain the device and ensures completion of any required data entry, including authorizations. The method to obtain the device is documented on the SPOE Assistive Technology Pricing Worksheet. The SPOE Assistive Technology Pricing Worksheet is then uploaded to the child's electronic record under Case Notes.

1. SPOE Inventory

If an appropriate item exists in the SPOE inventory, including in other SPOE regions, the SPOE Management Team may decide to use a device in inventory. The SPOE Management Team considers the cost of assessing the device for safety, any modifications or accessories needed for the child and any shipping or transport costs when considering use of a device in the SPOE inventory.

When assistive technology devices are obtained via SPOE inventory, the device must be documented in Section 9: Team Communications in the child's IFSP and in case notes to show the service was delivered as consented.

All assistive technology devices purchased by First Steps and donated back to the SPOE are property of the state. Therefore, when the child no longer needs the device or when the child exits First Steps, the SPOE collects and returns the device to the SPOE inventory.

2. Assistive Technology Loan Program

If an appropriate item exists at an assistive technology loan program, then the SPOE Management Team may decide to obtain the device via loan. The SPOE Management Team considers the cost of any accessories for the loaner item, as well as any shipping or transport costs. The SPOE is responsible for collecting the device from the family and returning the item within the agreed upon timeframe.

Information on assistive technology loan programs, device recycling and exchange and web resources can be accessed through Missouri Assistive Technology (MOAT). For more information about MOAT, see SPOE Administration Manual Links.

When assistive technology devices are obtained via a loan program, the device must be documented in Section 9: Team Communications in the child's IFSP and in case notes to show the service was delivered as consented.

3. Construct or Modify

If an assistive technology device is not available via inventory or loan, then the SPOE Management Team considers working with an assistive technology provider on constructing or modifying a device. When assistive technology devices are constructed or modified, the service is documented via authorization to the provider. The provider is authorized for all materials needed to construct or modify an item as the assistive technology device, and the time required for the construction or modification as the assistive technology service (i.e., the labor costs).

4. Purchase

The SPOE Management Team may decide to purchase the device if more economical options are not available. When assistive technology devices are purchased, the service is documented via authorization to the provider.

a. Enrolled Assistive Technology Provider

If an assistive technology device can be purchased at the Medicaid rate, then the SPOE Management Team does not have to obtain a quote before purchasing a device. In addition, the SPOE Management Team does not have to obtain quotes on hearing aids.

If the device is not offered at the Medicaid rate, then the SPOE Management Team attempts to obtain quotes from three different assistive technology providers. The SPOE Management Team selects the device to purchase from the assistive technology provider offering the lowest price. The SPOE Management Team completes the SPOE Assistive Technology Pricing Worksheet to document the quotes obtained and the selected assistive technology provider.

If a specific device is routinely ordered, then the SPOE Management Team does not have to obtain a quote each time the device is ordered. The SPOE Management Team can document the lowest quote and continue to use the assistive technology provider offering the lowest cost. Annually, the SPOE Management Team verifies the assistive technology provider continues to offer the lowest cost for the device.

For assistive technology devices, First Steps pays the actual cost of the device. Actual cost of the device means the base price of the device plus any shipping and handling charges or mark-up, which may not exceed 25% of the base price.

b. SPOE as Provider

When a vendor outside of First Steps offers the most economical method to obtain an assistive technology device, the SPOE may purchase the device via the vendor. The authorization for the device is entered as SPOE as Provider. The SPOE Management Team may have difficulty authorizing the exact cost of the device due to variance in shipping charges or taxes. In order to alleviate underestimating the total cost of an item, the SPOE Management Team can enter an additional amount to the cost of an assistive technology device, but this cannot exceed 10% of the total cost of the item. The SPOE Management Team then claims the exact amount as listed on the invoice for the device.

For example, if the item costs \$100 with an estimated \$10 for shipping, the total cost is \$110. An additional 10% may be added to the cost (\$11) for a total authorized amount of \$121. When the device arrives, the invoice states the total cost of \$115 including shipping and taxes, which is the amount the SPOE Management Team can claim for reimbursement.

After the device is purchased, the SPOE submits claims for the device under the SPOE as Provider authorization.

Note that some types of assistive technology devices are known as durable medical equipment (DME). The purpose of DME for a young child is to assist the child to participate in daily routines and activities. Some examples of DME may include positioning chairs or wedges, standers, walkers, and adaptive strollers.

When using SPOE as Provider in order to obtain assistive technology devices, all DME requirements must be met in order for the DME to be covered by Medicaid. Any device that meets the criteria of DME requires a physician's prescription and is entered with the Health Care Procedure Coding System (HCPCS) code of E1399 since MO HealthNet reimburses First Steps for DME devices.

C. Collection and Storage

The SPOE maintains a system of collecting and tracking assistive technology devices returned to the SPOE. The SPOE maintains space to store an inventory of assistive technology devices and equipment for possible transfer and use by other children in the First Steps system. The space may be on-site at the administrative office space or a secure off-site location, accessible to the SPOE administrative office staff.

SPOEs should share inventory lists with one another so available devices may be used across SPOE regions.

D. Assessment of Safety and Disposal

The SPOE is responsible for ensuring that all returned devices are assessed for safety. Before dispensing used devices to another child in First Steps, the SPOE must have a process to assess the device for safety. For example, the SPOE may authorize an assessment via assistive technology service authorization through a child's IFSP team, or a SPOE may subcontract for assistive technology assessment via SPOE as Provider.

When the assistive technology item is deemed unsafe or unusable (e.g., broken, damaged, or recalled), then the SPOE must dispose of the item and note the disposal on their tracking system.

SECTION IX: BILLING CORRECTIONS

The billing corrections process is used to make modifications to provider billing (i.e., paying or reclaiming funds) and Family Cost Participation adjustments only after all other alternatives for billing in WebSPOE have been exhausted. The SPOE Management Team is responsible for supporting Service Coordinators and providers in how to complete the following processes in a timely manner.

A. Provider Billing Corrections

When the billing correction pertains to an authorization (service or evaluation/assessment) or provider mileage, the SPOE directs the provider or agency to submit the billing correction via the Billing Issues tab within WebSPOE. This also pertains to billing corrections for SPOE as Provider authorizations.

When the billing correction pertains to an EIT or IFSP meeting (i.e., a provider was not paid or a provider was overpaid), SPOE staff must verify the provider's attendance at the meeting and then submit the billing correction via the Billing Issues tab within WebSPOE.

Billing correction requests initially submitted a year or more from the date of service will not be processed. For more information on how to submit a provider billing correction, see Service Provider Manual Chapter 9: Billing and Accountability.

After billing corrections are submitted, a DESE Senior Program Specialist reviews the request and makes a determination as to who caused the billing error. The final determinations consist of SPOE Error (e.g., authorization not entered correctly or timely, authorization omitted), Provider Error (e.g., waited too long to bill, entered billing incorrectly), or Other (e.g., WebSPOE error, no fault can be determined). The SPOE Management Team is able to view all billing corrections determined to be SPOE Error via the Billing Issue grid.

B. Family Billing Corrections

The SPOE Management Team is responsible for supporting families with billing issues pertaining to family member transportation and family cost participation errors.

1. Family Member Transportation

A parent or family member may require billing assistance when family member transportation submissions cannot be processed by the CFO (e.g., due to delays in enrolling as a transportation provider or the authorization for mileage was not entered timely). For billing requests related to family member transportation, the Service Coordinator assists the parent or family member in submitting the completed Transportation Billing Form (see Practice Manual Chapter 8) to a DESE Senior Program Specialist.

2. Family Cost Participation

In the event of Family Cost Participation questions or errors, the SPOE Management Team assists the Service Coordinator and family in understanding and correcting the issues. The DESE Senior Program Specialist and the CFO may need to be involved to resolve concerns. For more information on Family Cost Participation, see Practice Manual Chapter 5: System of Payments.



SPOE Administration Manual

Chapter 2: SPOE Contract Standards

Missouri Department of Elementary and Secondary Education
Office of Childhood
July 2024

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Chapter 2: SPOE Contract Standards

Each year the Department of Elementary and Secondary Education (DESE) reviews a set of performance standards to determine the System Point of Entry (SPOE) agency's implementation of the contract within the region, which include the following:

- **Child Count Standard:** The SPOE must attain and maintain or exceed a child count individualized to each region, as determined by DESE.

Measurement for this standard is based on the average fiscal year count of children birth to three with an Individualized Family Service Plan (IFSP). The measurement shall be based on the data in the child data system at the time performance is measured. The contractor shall be responsible for the accuracy of the data entered into the system.

- **Compliance Standard:** The SPOE must correct all identified noncompliance resulting from annual compliance monitoring or dispute resolution decision, within timelines.

Measurement for this standard is made using annual compliance monitoring findings and timeline for corrections.

- **Fiscal Standard:** The SPOE must correct all noncompliance resulting from SPOE mileage monitoring within 45 calendar days of notification.

Measurement for this standard is made using dates of mileage monitoring reports with noncompliance identified during the fiscal year compared to the timeline for corrections.

- **IFSP Meeting Activities:** The SPOE must ensure that all data entry for IFSP meetings is finalized within 14 calendar days from the date of the IFSP meeting.

Measurement for this standard is made using a count of days between the IFSP meeting (Day 1) to IFSP finalized date for records reviewed by state. If the initial data do not reflect at least 95%, then the state will conduct further data analysis.

- **Needs Assessment and Technical Assistance Plan:** The SPOE must submit a proposed needs assessment and technical assistance plan for conducting observations and implementing training, with all required components, to the DESE Senior Program Specialist for the region awarded by October 15 of each contract year. The contractor must submit to the DESE Senior Program Specialist a draft report of the results of the needs assessment and technical assistance plan, with all required components, by April 15 of each contract year. The contractor must submit to the state agency a final report of the results, in a template provided by the state agency, by June 15 of each contract year.

Measurement for this standard is made using the dates the contractor submitted the proposed plan, draft report, and final report, with all required components, to the state agency compared to the due date.

- **Timely Inactivation of Records:** The SPOE must inactivate child records within 30 calendar days of the child's third birthday.

Measurement for this standard is made using a count of the days between the child's third birthday (Day 1) to the inactivation date for the records reviewed by the state. If the initial data do not reflect at least 95%, then the state will conduct further data analysis.

Note: Children with a Summer Third Birthday IFSP must have their records inactivated within 30 calendar days of the end of the Summer Third Birthday IFSP.

If the SPOE agency does not meet at least minimum performance for the standards listed above during the renewal periods of the contract, then the SPOE agency pays DESE liquidated damages in an amount equal to one-tenth of a percent (.001) of the total annual contract amount for each standard not met during the contract period.

➤ **Incentive Standard**

The SPOE agency may receive an incentive payment if the SPOE reduces the number of billing issues due to SPOE reason by ten percent compared to the prior year's total of billing issues. The first year of the contract establishes the baseline standard, therefore the incentive is not applicable during the first year of the contract. If the SPOE agency meets the minimum performance standards above, and the incentive standard, then DESE pays an incentive in an amount equal to one-tenth of a percent (.001) of the total annual contract amount.

Liquidated damages or incentive payments are calculated based on the total contract amount per service area awarded, with Regions 1 & 2 and Regions 4 & 5 considered one service area respectively.

SECTION I: SPOE NEEDS ASSESSMENT AND TECHNICAL ASSISTANCE PLAN

Each year the SPOE Director develops a plan for needs assessment and technical assistance for the assigned region. The Needs Assessment and Technical Assistance plan offers SPOEs the opportunity to review the quality of Service Coordinator practices. The purpose of the Needs Assessment and Technical Assistance plan is to assess Service Coordinator practices related to the following areas:

- Completing the intake visit;
- Conducting the family assessment;
- Facilitating and participating in Individual Family Service Plan (IFSP) meetings;
- Coordinating, facilitating, and ensuring the delivery of services between the family and provider(s);
- Discussing Early Childhood Outcomes (ECO);
- Informing families of their rights including the System of Payments and Parental Rights Statement;
- Facilitating the transition process to preschool or other programs; and
- Ensuring timely and accurate data entry.

The results of the plan help to identify strengths and areas needing improvement, and provide supports and training needed for Service Coordinators in the region.

By October 15 of each contract year, the SPOE Director must submit, in a template provided by DESE, the Needs Assessment and Technical Assistance plan. This plan describes the SPOE's strategy for conducting observations of Service Coordinators, documenting results and post-observation activities. The plan is submitted to the DESE Senior Program Specialist.

Once the plan is approved, the SPOE Management Team begins observation and assessment of the Service Coordinators. To ensure consistency across SPOEs, DESE provides tools for observation and measurement of evidence-based practices. Those tools include:

- **The Service Coordinator Self-Reflection.** This tool examines Service Coordinator practices from the time of referral through ongoing service coordination, specifically considering the quality of the interactions a Service Coordinator has with families. The results of the self-reflection can inform the need for professional development and additional technical assistance from the SPOE Management Team, DESE or other sources.
- **The First Steps Family Assessment Interview and Individualized Family Service Plan (IFSP) Meeting Observation Tool.** This tool is designed to measure the use of Evidence-Based Practices during a family assessment interview and during an IFSP meeting. The

intent of the observation tool is to examine the interactions, discussions and overall tone of a family assessment interview and an IFSP meeting and can help identify the need for targeted technical assistance and/or additional training.

For more information on the tools, see SPOE Administration Manual Documents.

By April 15 of each contract year, the SPOE Director submits a draft report, in a template provided by DESE, of the results of the Needs Assessment and Technical Assistance plan. The draft report includes a summary of the observation results, key takeaways, and action steps the SPOE has taken or will take to address any areas needing improvement, including any DESE assistance needed. The draft report is submitted to the DESE Senior Program Specialist.

By June 15 of each contract year, the SPOE Director submits a final report, in a template provided by DESE, of the final results of the Needs Assessment and Technical Assistance plan. The final report is submitted to the Early Intervention Program Manager.

DESE compiles the regional results of observations into a statewide summary that is included in the State Systemic Improvement Plan (SSIP), an annual report on improving child outcomes that DESE submits to the U.S. Department of Education, Office of Special Education (OSEP).

SECTION II: SPOE ADMINISTRATION PLANS

The SPOE Management Team is responsible for overseeing not only the daily operations within the region. The SPOE Management Team is also responsible for the creation and implementation of the SPOE Administration Plans that outline steps the region will take to ensure effective and efficient SPOE operations.

Each year, the SPOE Management Team is responsible for the following plans:

- **Personnel Training Plan** - Develop and implement a written training plan for personnel to be knowledgeable of the First Steps program requirements and practices. The training plan addresses both new employee orientation/onboarding and ongoing employee training needs, timely and accurate data entry, and ongoing monitoring of the child data system to ensure data are accurate and up-to-date. This plan is inclusive of all SPOE staff.
- **Public Awareness and Child Find Plan** - Develop and implement a written plan to address public awareness and child find within the region including:
 - marketing and promotion of the First Steps program, and
 - promoting and evaluating the child find system utilizing regional data.

The SPOE collaborates with primary referral sources, regional community leaders, other child serving programs, or other existing councils/committees in the community to support the public awareness and child find system in the region.

- **Educational Surrogate Plan** - Develop and implement a written plan to address the educational surrogacy needs of children in the region, including: the staff person responsible for overseeing the educational surrogate program for the region, requesting an educational surrogate, recruiting educational surrogates and informing the state of interested volunteers, assisting with training of educational surrogates, and evaluating each educational surrogate serving the region.
- **Assistive Technology (AT) Management Plan** - Develop and implement a written plan to address assistive technology purchases, including ensuring state guidelines are followed, and the collection, tracking and disposal of AT devices, within the assigned region.
- **Provider Recruitment and Onboarding Plan** - Develop and implement a written plan for provider recruitment and onboarding to ensure sufficient First Steps providers are available for services within the region.
- **Early Intervention (EI) Examiners Management Plan** - Develop and implement a written plan to identify providers to be trained by DESE as EI Examiners to assist with the evaluation of the child. This includes determining a sufficient number of examiners needed in the region and making adjustments when needed (e.g., discontinuing use of or

recommending removal of EI Examiner status), and ensuring examiners are using current protocols and guidelines.

- **Early Intervention Team (EIT) Implementation Plan** - Develop and implement a written plan to ensure the necessary number of EITs are established and maintained with the required disciplines, as outlined in the First Steps Practice Manual. This includes working with existing EITs, assigning children to EITs, and evaluation of EIT structure.

A template for each plan is provided by DESE. Appendix I details the due dates for the initial plans and timelines for subsequent review dates.

The SPOE Administrative Plans provide an opportunity for the SPOE Management Team to review what is working and not working within the region, and take steps to finding solutions. The SPOE Management Team reviews and updates the written plans with the DESE Senior Program Specialists on a regular basis.

SECTION III: COMMUNITY PARTNERSHIPS

Community partnerships are an important avenue for the SPOE to achieve a successful child find and public awareness system. This outreach also allows the SPOE to become educated on local resources that may assist families in First Steps. Community partnerships look different around the state; however, all regions have access to a variety of local partners and school districts.

A. Local Partners

Each local community offers a variety of partnerships and networking opportunities for the SPOE to support families, including the medical community, state agencies (e.g., mental health, social services), Early Head Start, Head Start, and child care providers.

DESE contracts with community leaders throughout the state. These community leaders aim to ensure all families with young children can access high-quality programs, services, and resources in their communities. The community leaders bring together local stakeholders to increase awareness of and coordination among early childhood programs and services. For more information on community leaders, see the SPOE Administration Manual Links.

The SPOE can use the community leaders and/or other existing councils/committees within the region to support public awareness and child find.

B. Local School Districts

SPOE partnerships with local school districts is critical within the region to ensure a smooth transition for children leaving First Steps and are found eligible to enter Early Childhood Special Education (ECSE). The SPOE should consider annual contacts or meetings with local ECSE programs to build a relationship and discuss any changes needed to promote better understanding and collaboration between First Steps and local school district ECSE programs.

If transition to a specific ECSE program is challenging, then the SPOE Management Team should initiate further communication with the ECSE program to identify the root cause of any issues to work towards a solution to assist with a smooth transition for First Steps families. For more information on transition from First Steps, see Practice Manual Chapter 10: Transition from First Steps.

The SPOE also works in collaboration with the parent education program at the school district. This collaboration includes referring families to both programs, as well as educating staff on the purpose and participation requirements of each program.

APPENDIX 1

SPOE Management Plans Timelines and Requirements		
Contract	Plan	Timeline & Requirement
YEAR 1	Personnel Training Plan	Initial Plan Review <u>Timeline:</u> Within 90 Days of Contract Start Date <u>Requirement:</u> Complete template provided by DESE for each plan, update plan based on DESE input, and begin implementation of the plan.
	Public Awareness and Child Find Plan	
	Educational Surrogate Plan	
	Assistive Technology Management Plan	
	Provider Recruitment and Onboarding Plan	
	EI Examiner Management Plan	
	EIT Implementation Plan	
	Personnel Training Plan	Annual Plan Review <u>Timeline:</u> June Contractor Training <u>Requirement:</u> Review previous plan including what worked/did not work, address concerns or technical assistance needed, update based on DESE input and current data, and implement updated plan.
	Public Awareness and Child Find Plan	
	Educational Surrogate Plan	
	Assistive Technology Management Plan	
	Provider Recruitment and Onboarding Plan	
	EI Examiner Management Plan	
	EIT Implementation Plan	
YEARS 2 - 5	Personnel Training Plan	Mid-Year Plan Review <u>Timeline:</u> Fall/Winter <u>Requirement:</u> Review previous plan including what worked/didn not work, address concerns or technical assistance needed, update based on DESE input and current data, and implement updated plan.
	Public Awareness and Child Find Plan	
	Assistive Technology Management Plan	
	Provider Recruitment and Onboarding Plan	
	EI Examiner Management Plan	
	EIT Implementation Plan	
	Personnel Training Plan	Annual Plan Review <u>Timeline:</u> June Contractor Training <u>Requirement:</u> Review previous plan including what worked/did not work, address concerns or technical assistance needed, update based on DESE input and current data, and implement updated plan.
	Public Awareness and Child Find Plan	
	Educational Surrogate Plan*	
	Assistive Technology Management Plan	
	Provider Recruitment and Onboarding Plan	
	EI Examiner Management Plan	
	EIT Implementation Plan	

** In Contract Years 2- 5, the Educational Surrogate Plan is only reviewed at the June Contractor training. There is no mid-year review for the Educational Surrogate Plan.*



SPOE Administration Manual

Chapter 3: Activities with Providers

Missouri Department of Elementary and Secondary Education
Office of Childhood
July 2024

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Chapter 3: Activities with Providers

The content of this chapter includes information from: The Early Intervention Teaming Handbook: The Primary Service Provider Approach, Second Edition by M’Lisa Sheldon and Dathan Rush; Brookes Publishing Company, 2022.

The System Point of Entry (SPOE) is responsible for building and sustaining a collaborative relationship with providers serving the assigned region. This relationship is primarily overseen by the Teaming Coordinator. The Teaming Coordinator’s responsibilities include, but are not limited to, the following:

- Meet regularly with providers within the assigned region;
- Assist the Department of Elementary and Secondary Education (DESE) with provider communication;
- Assist with the provider recruitment plan to ensure an adequate number of providers are available to provide services in the region;
- Assist with the Early Intervention Team (EIT) management plan to support the transdisciplinary model implementation including EIT, ancillary providers, and meeting regularly with providers;
- Assist with the Early Intervention (EI) Examiners management plan; and
- Address complaints regarding providers (see SPOE Administration Manual Chapter 5: First Steps Complaints System).

The Teaming Coordinator is accountable for building connection and collaboration between the providers, the SPOE, and the EITs within the region. The role of the Teaming Coordinator requires a dynamic and collaborative personality. The Teaming Coordinator should have a variety of specialized skills, including:

Is organized and punctual	Seeks consensus among team members
Has the respect of other team members	Gets team members talking
Is flexible, but focused	Redirects when someone talks too much
Is diplomatic without compromising	Summarizes others’ thoughts and ideas
Speaks up	Gives constructive feedback
Is fair	Moves agenda forward
Has time management skills	Enforces team ground rules
Holds true to the program values and beliefs	Has conflict resolution skills

Adapted from The Early Intervention Teaming Handbook: The Primary Service Provider Approach, Second Edition by M’Lisa Sheldon and Dathan Rush; page 207; Brookes Publishing Company, 2022.

SECTION I: PROVIDER COMMUNICATION

The Teaming Coordinator ensures accurate and timely information is shared with providers, including updates from DESE or the SPOE office. Additionally, the Teaming Coordinator serves as the liaison for providers to share trends and concerns with DESE and the local SPOE.

A. Collaboration with DESE

The Teaming Coordinator attends monthly meetings with the Teaming Coordinators from the other regions and DESE (as applicable). These meetings are held virtually, unless otherwise announced. If the Teaming Coordinator is unable to attend a meeting, then a member of the SPOE Management Team may attend the meeting.

The purpose of the monthly meeting is for the Teaming Coordinators to collaborate with each other to develop a consistent statewide approach to EIT and working with the provider community with direction from DESE. The Teaming Coordinators also support each other in brainstorming solutions to regional situations.

During the monthly meetings, Teaming Coordinators create a standardized portion of the EIT agenda, including DESE updates and professional development time, to be implemented at regional EIT meetings.

Additionally, the Teaming Coordinators inform DESE of issues related to practices, providers, the EIT model, state initiatives, and guidance.

B. Regional Communication

The Teaming Coordinator is responsible for creating and implementing a plan for frequent and consistent communication, including updates from DESE or the SPOE office. The Teaming Coordinator's plan for communication addresses EIT members, ancillary providers and provider agency representatives, including assistive technology agencies.

The Teaming Coordinator assists with resolving concerns or issues reported by providers or routing the questions or concerns to the appropriate person or agency.

SECTION II: PROVIDER RECRUITMENT

Early intervention services are delivered by providers who meet DESE's qualifications. The Teaming Coordinator is responsible for locating a sufficient number of providers in order to deliver the necessary services for children and families within the region, including ancillary services. The SPOE develops and maintains a system of provider recruitment. The SPOE documents all provider recruitment efforts.

A. Provider Availability

The Teaming Coordinator is responsible for communicating with enrolled providers within the region to determine their availability for evaluations and ongoing services, as applicable. The Teaming Coordinator communicates this availability to Service Coordinators to assist them in securing services for children and families.

The Teaming Coordinator uses Service Coordinator feedback and regional data, such as No Provider Available or other WebSPOE reports, to determine the availability of provider types throughout all parts of the region. When a gap in services is identified, the Teaming Coordinator implements a recruitment plan to locate additional providers. Recruitment strategies may include contacting local provider agencies, colleges or universities, school districts (including parent education programs), health care agencies, or hospitals.

B. Onboarding

All potential providers are referred to the Central Finance Office (CFO) to enroll as First Steps providers. All providers enroll as individuals who are either independent vendors or affiliated with a provider agency.

The Teaming Coordinator creates a plan to onboard all newly enrolled providers which includes reviewing First Steps policies, procedures, and practices related to the philosophy of early intervention and transdisciplinary model of service delivery. The onboarding plan contains an orientation to the First Steps infrastructure, including the website, regional and DESE contacts, WebSPOE, and the CFO help desk.

The Teaming Coordinator uses a variety of resources in the onboarding plan, including the:

- Service Provider Manual
- Modules
- First Steps Training page

The Teaming Coordinator consults with the DESE Senior Program Specialist before using training materials that are not developed or endorsed by the state agency.

SECTION III: EARLY INTERVENTION TEAMS

First Steps uses a transdisciplinary approach to providing Individualized Family Service Plan (IFSP) services known as Early Intervention Teams (EIT). The Teaming Coordinator works to build a community of teams where providers understand their role and see how their investment in early intervention teaming supports children, families and the First Steps model. For more information about EIT, see Practice Manual Chapter 7: Early Intervention Teams.

A. Team Establishment and Maintenance

The Teaming Coordinator is responsible for creating teams, including assigning and removing providers from a team when needed. To ensure each required discipline is represented, the composition of an EIT may include a combination of part-time and full-time positions, independent and agency providers, varying caseloads, and providers who serve multiple SPOE regions.

Based on the review of EIT structure within the assigned region, the Teaming Coordinator makes adjustments to the teams accordingly (e.g., change the number of team members, identify training needs of the team members, remove providers from the team, etc.). If the Teaming Coordinator seeks to add a new, or remove an existing EIT at any time, then written justification must be provided to the DESE Senior Program Specialist as to the reason for the adjustment(s) and receive prior approval before making a change.

The Teaming Coordinator may choose to use a memorandum of understanding (MOU) with the providers selected for teams to ensure providers have an understanding of and follow the EIT guidelines, including the usage of the Primary Provider model, joint visits, and EIT meetings.

The Teaming Coordinator is responsible for keeping the team membership list within WebSPOE updated and correct, including any payee changes for providers.

B. EIT Meeting Facilitation

The Teaming Coordinator schedules, organizes, and facilitates all EIT meetings. If the Teaming Coordinator is unable to attend an EIT meeting, then another member of the SPOE Management Team may attend as the designee (see SPOE Administration Manual Chapter 1: SPOE Operations).

EIT meetings are an opportunity for providers to use their diverse knowledge and experience to exchange professional opinions, strategies, resources, and other information to support each other and the families assigned to the team. EIT meetings may include the Primary Provider reporting on a child's progress, what activities the family is using, what is not working for the family related to the IFSP, problem solving or how to take a skill to the next level.

The Teaming Coordinator is responsible for preparation, facilitation, and reflection related to EIT meetings within the region.

1. Preparation

The Teaming Coordinator works with each team in the region to establish team rules, which includes expectations for attendance, participation, and contribution. The team rules should also address expectations for professionalism and behavior, including how to handle differences of opinion in a respectful way.

The Teaming Coordinator ensures all members of the EIT are familiar with the team's rules. Additionally, the Teaming Coordinator revisits the team rules at minimum annually with the team.

The Teaming Coordinator sets the schedule for each EIT's meetings and gives providers ample time to plan for the meeting (such as a month's notice). In conjunction with team members, the Teaming Coordinator determines the day and time of the meetings and should consider a set schedule, such as scheduling a year out or always having the meeting on a certain day of the month.

The Teaming Coordinator determines the frequency of meetings that works for each individual team. Teams should meet approximately every four to six weeks, but at minimum, every other month. Teams that want to meet less frequently must obtain approval from a DESE Senior Program Specialist.

➤ Cancellations

EIT meetings cannot be cancelled without team input (i.e., all team members must be consulted prior to the cancellation). If the team's consensus is that a meeting is not needed, then the Teaming Coordinator may approve the cancellation and indicate in the Notes section of the Meeting Details on the EI Team tab as to the reason for the cancellation. The Teaming Coordinator may cancel or change the format (e.g., from in-person to virtual) due to inclement weather.

EIT meetings should be held in-person. The Teaming Coordinator may determine that a meeting is held virtually or by conference call if the meeting is still productive and team members report virtual meetings meet their needs.

In preparation for each individual meeting, the Teaming Coordinator requests that each Service Coordinator and provider review all children and families on their caseload to determine any pending questions, concerns or updates. The Teaming Coordinator establishes the agenda prior to the meeting and determines when ancillary providers need to be invited.

➤ Meeting Agenda

The agenda for each meeting should address the following components:

- DESE updates, including reminders on ongoing enrollment requirements for providers
- SPOE updates
- Professional development, at minimum quarterly
- Collaboration with Ancillary Providers, as necessary
- Provider discussion on pending questions and issues, including follow up on children discussed at a prior meeting
- Review new children assigned to the team
- Upcoming IFSP meetings, including any potential service changes or ongoing assessment requests
- Upcoming transition meetings
- Acknowledge children and families leaving the program, including a discussion on any needed make up services before the child exits
- Timely services review
- Child and family updates that are read only and do not require discussion
- Future EIT meeting information

Within a week prior to the meeting, the Teaming Coordinator sends out a meeting reminder, including the meeting date, time, location, and agenda. Additionally, the agenda should include the date of birth or age in months for all children to be discussed to help facilitate the conversation.

2. Facilitation

The Teaming Coordinator is the primary facilitator for the EIT meeting. Prior to the meeting, the Teaming Coordinator may designate other members for the roles of timekeeper and note taker for meeting minutes. However, as the primary facilitator, the Teaming Coordinator is specifically responsible for:

- Ensuring all members are signed in and out on the attendance sheet
- Starting and stopping the meeting on time
- Ensuring all items on the agenda are prioritized and addressed
- Designating time for unexpected or unfamiliar situations
- Ensuring full participation of all team members

- Monitoring the conversation time of team members
- Ensuring a respectful climate and discouraging unprofessional behavior
- Ensuring that team members have an action plan and receive what they need
- Ensuring that meeting time is used only for agenda items (e.g., limited side conversations and no scheduling discussions)

3. Reflection and Follow Up

Following each EIT meeting, the Teaming Coordinator reflects on the meeting in order to make adjustments for future meetings. Some questions for the Teaming Coordinator to consider in planning for the next meeting may include:

- Was the meeting information presented in a manner that matched the learning styles of the team members?
- Was the team responsive to the needs of other team members?
- Did team members obtain strategies and activities they can implement in their next home visits?
- Overall, was everyone prepared for the meeting?
- What could the team do in the next meeting to better support one another?
- Are members following the team's meeting rules? If not, how should the team approach reestablishing a mutual understanding?

After each meeting, the Teaming Coordinator enters the attendance and uploads the meeting sign-in sheet and meeting minutes into WebSPOE.

C. Ancillary Providers

Children and families may need services from disciplines other than those represented on the EIT. These providers are referred to as Ancillary Providers. Ancillary Providers may provide additional information to the family that supports the family's daily routines and activities.

Although Ancillary Providers are not a required member of the EIT, the Teaming Coordinator may invite them to attend the EIT meeting for the portion of the meeting that addresses the children they serve. Additionally, Ancillary Providers may contact the Teaming Coordinator and request to attend an EIT meeting when in need of support with a specific child or family.

Since Ancillary Providers may not regularly attend EIT meetings, the Teaming Coordinator is responsible for establishing and maintaining communication with all Ancillary Providers. This

communication includes SPOE and DESE updates, as well as, knowing the provider's availability.

For more information on Ancillary Providers, see Practice Manual Chapter 7: EIT.

D. Team Review and Training

The Teaming Coordinator is responsible for reviewing the structure and functioning of each team within the assigned region. From this review, the Teaming Coordinator creates an annual report card including technical assistance plan for the individual teams. Additionally, the Teaming Coordinator is responsible for determining and implementing a professional development plan for each team.

1. Team Review

Annually, the Teaming Coordinator reviews the team structure, including discipline representation and team size. The Teaming Coordinator works with DESE and the other Teaming Coordinators to create an annual team survey to evaluate the functioning of the individual EI Teams. The team survey includes, but is not limited to, the following topics:

- Effective team meetings, including format and facilitation;
- Selection of the Primary Provider, including use of incremental decision making;
- Joint visit utilization; and
- Utilization of ancillary providers.

The Teaming Coordinator uses the results of the team review to create an annual report card for each team in the region. The team report card includes the following components:

- Review of the team's structure, including discipline representation and team size;
- Summary of survey results;
- Teaming Coordinator observations;
- Summary of what is working well; and
- Summary of areas that need improvement, including technical assistance needs.

The team report cards are reviewed by DESE Senior Program Specialists annually.

2. Team Technical Assistance

The Teaming Coordinator uses the team report card to establish an individualized plan for each team, which may include targeted training to individual providers or the team as a whole.

Depending on the type and level of technical assistance needed, the Teaming Coordinator may be able to address the challenges or collaborate with the DESE Senior Program Specialist on provider or team training needs. The Teaming Coordinator consults with the DESE Senior

Program Specialist before using training materials that are not developed or endorsed by the state agency.

The Teaming Coordinator updates the technical assistance plan as the needs and dynamics of the individual EIT change.

The team technical assistance plans are reviewed by DESE Senior Program Specialists annually.

3. Team Professional Development

EITs are allowed 15 to 45 minutes during each meeting to participate in professional development. As part of the technical assistance plan, the Teaming Coordinator identifies at least six topics for annual professional development for each EIT. For each topic identified, the plan includes the following:

- Topic or area of interest,
- Objectives,
- Format,
- Facilitator or presenter, and
- Materials or resources.

The plan for professional development is reviewed and approved by the DESE Senior Program Specialist prior to implementation.

After each presentation, the Teaming Coordinator reflects on the effectiveness of the professional development by considering the following questions:

- How will the information shared influence team member practices?
- Is additional information or support needed on the topic area?
- Is the team ready for a new topic or does the team need to stay with the current topic?
- Did the format and time allowed meet the needs of the team?
- Does the team need more resources on the topic?

The Teaming Coordinator shares the information collected about the effectiveness of the professional development with the DESE Senior Program Specialist for future planning on statewide initiatives.

SECTION IV: EI EXAMINERS

DESE identified the Developmental Assessment of Young Children (DAYC)-2 as the uniform instrument to address statewide consistency in using a standardized evaluation tool, reporting results, and determining eligibility for children referred to First Steps with developmental delays. The Teaming Coordinator is responsible for identifying First Steps providers to be trained and certified by the state agency as EI Examiners to assist the SPOE with evaluating children for eligibility.

A. EI Examiner Availability

Based on the number of referrals in the region, the Teaming Coordinator identifies the number of enrolled providers necessary to be trained to administer the DAYC-2 as part of the evaluation of the child. Occupational Therapists, Physical Therapists, Speech/Language Pathologists and Special Instructors from the EIT may be selected to become Early Intervention (EI) Examiners. For more information about evaluation of the child, see Practice Manual Chapter 3: Referral, Intake and Evaluation.

Once a provider is identified by the Teaming Coordinator, the provider is invited to a training conducted by a DESE Senior Program Specialist. In the training, the provider learns about First Steps eligibility determination, how to administer and score DAYC-2 protocols, and the DESE guidelines for writing and submitting an evaluation report. The Teaming Coordinator (or SPOE Management Team designee) is encouraged to attend every DAYC-2 training.

After completing the DESE training, the provider receives a certificate of attendance, and the DESE Senior Program Specialist submits the provider's name to the CFO. The CFO assigns the EI Examiner credential to the provider's account. The provider should practice administering and scoring the DAYC-2 before receiving an authorization to administer the DAYC- 2 for a child in First Steps.

If there is an insufficient number of EI Examiners, then the Teaming Coordinator recommends new providers for the EI Examiner training.

B. EI Examiner Management

The Teaming Coordinator ensures EI Examiners are following the DESE ***DAYC-2 Guidelines for Writing the Report*** (see Service Provider Manual Chapter 3: Evaluation and Assessment) by routinely checking to ensure completed protocols are returned to the SPOE after testing, the provider's scoring of the protocols is accurate, and the report is written according to the DESE guidelines.

The Teaming Coordinator identifies and takes action (e.g., recommend EI Examiners for training, discontinue the use of, recommend removal of EI Examiner status to the state agency) for any EI Examiner found to not be following state guidelines.

Additionally, if the Teaming Coordinator identifies an EI Examiner that is not being used or is no longer needed in the region, then the Teaming Coordinator notifies the state agency to remove the EI Examiner credential from the provider's account.



SPOE Administration Manual

Chapter 4: Activities with the State Agency

Missouri Department of Elementary and Secondary Education
Office of Childhood
July 2024

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Chapter 4: Activities with the State Agency

The Department of Elementary and Secondary Education (DESE) employs staff responsible for overseeing the System Point of Entry (SPOE) contract, including a Part C Program Manager, a Program Coordinator, regional Senior Program Specialists, compliance staff and an administrative support assistant. For more information on the role of DESE staff, see Practice Manual Chapter 1: Missouri Infrastructure.

The primary contact for the SPOE at the state agency is the DESE Senior Program Specialist assigned to the region. The DESE Senior Program Specialist provides oversight of the contract through regular interactions with the SPOE Management Team and training/technical assistance to Service Coordinators and service providers in the region.

SECTION I: STATE MEETINGS

Through regular meetings with DESE staff, the SPOE Management Team receives ongoing training and technical assistance regarding program guidance and contract requirements. DESE provides a minimum of two weeks' notice to the SPOE Director regarding the date, time, location and required attendees for each meeting. A week before the meeting, DESE sends out the meeting agenda, including any documents that need review beforehand, and a list of materials the attendees may need to bring. At least two members of the SPOE Management Team, unless otherwise stated, must be present at each required meeting.

A. Initial SPOE Contractor Training

Prior to the implementation of a new contract, the SPOE Contractor and Management Team attends the initial SPOE contractor training, typically held in June, which includes SPOE operation, recordkeeping, and data system training. The initial SPOE contractor training is held in the central Missouri area, usually Jefferson City, for up to five consecutive business days. The length of the initial SPOE contractor training is determined by DESE depending on the needs of the SPOE Contractors and SPOE Directors. The SPOE Contractor is given at least 30 calendar days' notice of the time, location, and date of training.

Travel, lodging, and meals are reimbursed by DESE according to state travel guidelines for the required attendees as outlined in the SPOE contract. For more information on state travel guidelines, see the SPOE Administration Manual Links.

B. SPOE Director Meetings

DESE hosts regular meetings for the SPOE Directors to receive training and updates, as well as to share local information with the state. Typically DESE hosts two in-person meetings per year in Jefferson City for the SPOE Directors. These meetings are usually held in the months of April and September.

A third SPOE director meeting is typically in November that may be virtual or in person, and an additional virtual meeting is held in January to review the federal Annual Performance Report and SPOE monitoring trends.

Travel, lodging, and meals are reimbursed by DESE according to state travel guidelines for in-person meetings for the required attendees as outlined in the SPOE contract. For more information on state travel guidelines, see the SPOE Administration Manual Links.

C. Annual SPOE Contractor Training

Prior to the start of each fiscal year, the SPOE Director and any other SPOE staff identified by DESE attends the annual SPOE contractor training, typically held in June, which may include updates to policies and procedures, SPOE operations or data systems. The annual SPOE contractor training is held in the central Missouri area, usually Jefferson City, for up to three consecutive business days. The length of the annual SPOE contractor training is determined by DESE depending on the needs of the SPOE, not to exceed three business days.

Travel, lodging, and meals are reimbursed by DESE according to state travel guidelines for the required attendees as outlined in the SPOE contract. For more information on state travel guidelines, see the SPOE Administration Manual Links.

D. Other State Events

Additional meetings or trainings may be required at the discretion of DESE but will not exceed more than five business days annually. Travel, lodging, and meals are reimbursed by DESE according to state travel guidelines for the required attendees as outlined in the SPOE contract. For more information on state travel guidelines, see the SPOE Administration Manual Links.

E. Missouri Early Childhood State Advisory Council

The Missouri Early Childhood State Advisory Council (Council) holds four meetings per year. The meetings are held in Jefferson City with limited seating capacity and are also available via

live stream. The purpose of the Council meeting is to advise and assist DESE with decisions regarding First Steps and other early care and education programs in Missouri. The council consists of members appointed by the Governor.

The SPOE Management Team is welcome to attend the Council meetings as an in-person audience member; however, since in-person attendance is not required, travel, lodging, and meals are not reimbursed by DESE.

SECTION II: INVOICES AND REIMBURSEMENT

The SPOE Contractor or designee submits all invoices to DESE. All expenses incurred, including miles traveled, must be itemized on the invoice submitted to DESE with original receipts for expenses attached.

A. SPOE State Event Invoice

When the SPOE Contractor, SPOE Director, or other SPOE personnel are invited to attend a required meeting with the state, DESE reimburses for travel expenses in accordance with contractual requirements. The ***System Point of Entry (SPOE) State Event Invoice*** (see SPOE Administration Manual Forms) is submitted to DESE as instructed on the invoice no later than 60 calendar days from the date of event. Reimbursement for mileage, lodging, and meals must follow the per diem rates provided in the state travel guidelines. For more information on state travel guidelines, see the SPOE Administration Manual Links.

B. SPOE Monthly Contract Invoice

DESE pays a monthly firm-fixed price to operate the SPOE in accordance with contractual requirements. The SPOE completes the ***System Point of Entry (SPOE) Monthly Contract Invoice*** (see SPOE Administration Manual Forms) based on current pricing and personnel information, including vacancies and new hires. Note: the SPOE submits this invoice to DESE per the instructions on the invoice no later than the last business day of the month in which services are delivered.

C. Other Invoices

The SPOE may receive reimbursement for First Steps related purchases under the SPOE as Provider account. Each month the SPOE may submit invoices for the following reimbursements:

- Testing Protocols
- SPOE Monthly Mileage
- Printing and Mailing

For more information on these invoices, see SPOE Administration Manual Chapter 1.

SECTION III: DESE REPORTS

DESE provides a variety of reports that the SPOE Management Team reviews on a regular basis to obtain current information about the specific region compared to statewide data and to use for general oversight of the region. These reports may be accessed in WebSPOE, provided by DESE or posted on the First Steps website under the Data, Budget, and Reports webpage. The SPOE Management Team supervises and manages staff, identifies strengths and challenges, and monitors trends through analyzing data reports provided by DESE or other data tracked by the SPOE office.

A. WebSPOE Reports

WebSPOE contains a variety of data reports with child, provider, and/or Service Coordinator information. Reports are region specific and for certain timeframes (e.g., a fiscal year). The SPOE Management Team may use WebSPOE reports for a variety of purposes, including employee performance monitoring and self-monitoring of compliance indicators. WebSPOE reports are available based on user role.

B. SPOE Data Reports

Each month, DESE sends the SPOE Data Report to the SPOE Directors. The report includes information on referral sources, eligibility, child count by county, and inactivation reasons. The SPOE Management Team may utilize this information for a variety of purposes, including child find and public awareness efforts and staff training.

A public report of SPOE Data is posted quarterly on the First Steps Data, Budgets, and Reports webpage.

C. Annual Performance Report and Public Reporting

DESE submits an Annual Performance Report (APR) to the Office of Special Education Programs (OSEP) each January. The APR consists of both compliance and results indicators. The data for compliance indicators come from the annual SPOE compliance monitoring conducted by DESE compliance staff. The data reported in the APR are the raw monitoring data before any corrections have been made by the SPOE. Prior to submission to OSEP, DESE shares a draft of each region's APR data (i.e., public reporting). The SPOE Director has the opportunity to review the draft public reporting document for accuracy and provide feedback to DESE. For more information on annual compliance monitoring, see SPOE Administration Manual Chapter 6.

After DESE submits the APR, OSEP reviews the report and evaluates whether the state is in compliance with Individuals with Disabilities Education Act (IDEA) requirements and issues the

state a determination in one of the following categories: (1) meets IDEA requirements, (2) needs assistance with implementing IDEA requirements, (3) needs intervention with implementing IDEA requirements, or (4) needs substantial intervention with implementing IDEA requirements. In turn, DESE provides each SPOE with a designation of compliance (i.e., annual local determination) using the same categories as OSEP and based on the regional APR and dispute resolution data.

D. Family Survey

Each year, DESE sends a survey to families who are active in the program in an effort to obtain information on the family's experiences in First Steps. DESE posts the statewide results on the First Steps website and sends each SPOE a copy of regional results and comments. The SPOE Management Team may use this information for staff training. Additionally, data from the family survey is reported in the APR.

E. Provider Survey

Each year, DESE sends a survey to all enrolled providers in the program in an effort to obtain information on the provider's perspective in First Steps. DESE sends each SPOE a copy of regional results and comments. Additionally, data from the provider survey is reported in the APR indicator 11 – State Systemic Improvement Plan (SSIP).

F. CAPTA Annual Report

Each year, DESE compiles a report on children who are referred to First Steps under the Child Abuse Prevention and Treatment Act (CAPTA). Under CAPTA, Children's Division must make a referral to First Steps for a child under the age of three who is involved in a substantiated case of abuse or neglect. DESE posts the report on the First Steps Data, Budgets and Reports webpage. The report details the number of CAPTA referrals made to each SPOE region. The SPOE Management Team may use this information for child find efforts and collaborations with Children's Division offices in the region.

G. Newborn Hearing Screening Report

Each year, DESE compiles a report on the number of children with permanent hearing loss, as identified by the Department of Health and Senior Services (DHSS), who were referred to First Steps. DESE posts the report on the First Steps Data, Budget and Reports webpage. The report details the number of children eligible for First Steps, reason for eligibility and early intervention services. The SPOE Management Team may use this information for child find efforts.

SECTION IV: DATA COLLECTION

The SPOE collects and sends certain data to DESE in order to support various state partners in the compilation of required federal and/or state reporting activities.

A. Missouri First Steps Semi-Annual Certification for Medicaid

Since the Department of Social Services – MO HealthNet Division helps pay for First Steps service coordination as part of Administrative Case Management (ACM), the SPOE Director must attest twice per year that all of the Service Coordinators and other SPOE staff time was spent on First Steps activities.

The Missouri First Steps Semi-Annual Certification for ACM is prepared twice annually, signed by a supervisor with first-hand knowledge of the work performed by the individual, and dated after the funding period. The certification is submitted to DESE by January 30th and July 30th of each year.

B. Annual National Child Count of Children and Youth who are Deafblind

Each December, the Missouri Deafblind Technical Assistance Project prepares a federal report identifying the number of children with combined vision and hearing loss in Missouri. The SPOE Director is contacted by the Missouri School for the Blind to complete a census form identifying children within the region who have combined vision and hearing loss.

Children may be added to the census if the SPOE Director received information that indicates or suspects a presence of a vision and hearing loss. These children may stay on the census for one year. If official documentation is not secured by the SPOE Director within that year, then the child is removed from the census the following year.

The SPOE Director should return all completed census forms by February 1st to the Missouri School for the Blind. For more information on Service Coordinator responsibilities with the Missouri Deafblind Technical Assistance Project, see Practice Manual Chapter 3.

C. Blind Registry

The American Printing House for the Blind (APH) provides adapted educational materials to eligible children who meet the definition of blindness. An annual registration of eligible students determines a per capita amount of money designated for the purchase of educational materials produced by the APH. For more information from the APH, see SPOE Administration Manual Links.

The Missouri School for the Blind assists the APH in the annual data collection for the registry. Each December, the SPOE Director is sent a registration packet to assist the APH in identifying all children within the region who meet the definition of blindness. The SPOE Director ensures a Release of Information is signed by the parent before any identifying information is shared with the APH.

The SPOE Director should return all completed registration packets by February 1st to the Missouri School for the Blind. For more information on Service Coordinator responsibilities with the Blind Registry, see Practice Manual Chapter 3.

D. Newborn Hearing Screening

DHSS collects information on the number of children with permanent hearing loss within the state. DESE assists DHSS in collecting this data as part of a state interagency agreement. The SPOE Director or Service Coordinator may identify a child with diagnosed permanent hearing loss. The SPOE may utilize the *ICD-10 Coding System for Missouri First Steps* document (see Practice Manual Chapter 3 Documents) to help determine children in this category.

As soon as possible after the completion of the Initial IFSP meeting (i.e., within three to five business days), the SPOE Director emails confirmation of parental consent and only the child's First Steps identification number to DESE at: speddata@dese.mo.gov.

Immediately following confirmation from the SPOE (i.e., within three to five business days), DESE sends DHSS the child's name, ID number, date of birth, referral date, and Initial IFSP date. DESE maintains a list of names submitted by the SPOE and shared with DHSS throughout the calendar year. For more information on Service Coordinator responsibilities with the newborn hearing screening, see Practice Manual Chapter 3.

SECTION V: CALENDAR OF EVENTS

The following calendar can assist the SPOE Management Team in managing the various events/activities with DESE and timelines:

SPOE Administration Calendar

(All dates are approximate and subject to change)

** If applicable*

January	Meeting: SPOE Director Meeting (Virtual) Meeting: Teaming Coordinator Meeting Due: ACM Semi-Annual Report Submit: Invoices - Contract and Mileage Submit: Invoices – Printing/Mailing, Testing Protocol or State Event* Submit: Newborn Hearing Information*
February	Meeting: Teaming Coordinator Meeting Due: Deaf/Blind and Blind Registries Submit: Invoices - Contract and Mileage Submit: Invoices - Printing/Mailing, Testing Protocol or State Event* Submit: Newborn Hearing Information*
March	Meeting: Teaming Coordinator Meeting Submit: Invoices - Contract and Mileage Submit: Invoices - Printing/Mailing, Testing Protocol or State Event* Submit: Newborn Hearing Information*
April	Meeting: SPOE Director Meeting (In-Person) Meeting: Teaming Coordinator Meeting Due: Draft Needs Assessment and Technical Assistance Report Submit: Invoices - Contract and Mileage Submit: Invoices - Printing/Mailing, Testing Protocol or State Event* Submit: Newborn Hearing Information*

May	Meeting:	Teaming Coordinator Meeting
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
	Submit:	Newborn Hearing Information*
June	Meeting:	Annual Contractor Training (In-Person)
	Meeting:	Teaming Coordinator Meeting
	Due:	Needs Assessment and Technical Assistance Final Report
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
July	Submit:	Newborn Hearing Information*
	Compliance:	Notification of Annual Compliance Monitoring including Files to be Monitored
	Due:	Annual Compliance Monitoring documentation
	Meeting:	Teaming Coordinator Meeting
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
August	Submit:	Newborn Hearing Information*
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
	Submit:	Invoices - Contract and Mileage
	Meeting:	Teaming Coordinator Meeting

September	Meeting:	SPOE Director Meeting (In-Person)
	Meeting:	Teaming Coordinator Meeting
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
	Submit:	Newborn Hearing Information*
	Compliance:	Entry and Exit Conferences with SPOE Director Interview
	Compliance:	Early Corrections*

October	Meeting:	Teaming Coordinator Meeting
	Due:	Needs Assessment and Technical Assistance Plan
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
	Submit:	Newborn Hearing Information*
	Compliance:	Notification of Compliance Monitoring Results

November	Meeting:	SPOE Director Meeting (Virtual)
	Meeting:	Teaming Coordinator Meeting
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices - Printing/Mailing, Testing Protocol or State Event*
	Submit:	Newborn Hearing Information*

December	Meeting:	Teaming Coordinator Meeting
	Submit:	Invoices - Contract and Mileage
	Submit:	Invoices – Printing/Mailing, Testing Protocol or State Event*
	Submit:	Newborn Hearing Information*



SPOE Administration Manual

Chapter 5: First Steps Complaints System

Missouri Department of Elementary and Secondary Education
Office of Childhood
July 2024

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

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Chapter 5: First Steps Complaints System

As a condition of receiving Individuals with Disabilities Education Act (IDEA) funds for the First Steps program, the Department of Elementary and Secondary Education (DESE) is required to maintain a general supervision system that includes multiple components, one of which is monitoring the implementation of IDEA requirements. To do this, DESE reviews information from multiple sources regularly, including the state's complaint tracking system to identify trends that might suggest systemic noncompliance by one or more System Point of Entry (SPOEs), providers, or statewide patterns of noncompliance. If systemic noncompliance is found, then DESE is required to issue findings of noncompliance and ensure correction.

Complaint information can also help to identify areas of IDEA implementation for which DESE needs to provide statewide guidance, training, or technical assistance to improve implementation of specific requirements throughout the state.

As part of the day-to-day SPOE operations, there may be parents, providers or Service Coordinators who want to report a concern or file a complaint regarding an issue that occurred in First Steps. The SPOE Management Team, with assistance from the DESE Senior Program Specialist, identifies and resolves any problems regarding the operation of the First Steps program in the region.

The First Steps complaints system includes both formal and informal options for resolving concerns. DESE allows parents and the SPOE to resolve informal complaints at the local level; however, the SPOE must ensure parents understand their Parental Rights including all dispute resolution options available and that they can choose another dispute resolution option at any time.

Depending on the situation, issues may fall into one of the following categories: informal complaint, practice issue, reported issue, or IDEA dispute resolution.

SECTION I: INFORMAL COMPLAINT

An informal complaint is an issue concerning a potential IDEA violation (e.g., evokes the parental rights statement) that is resolved informally (i.e., not via an official IDEA dispute resolution process). An informal complaint against a provider may include concerns such as missed visits, confidentiality, shortened visits, denial of service, or services not provided as stated in the Individualized Family Service Plan (IFSP). This also applies to providers subcontracted under SPOE as Provider.

An informal complaint against a Service Coordinator may include confidentiality, denial of service, meeting delays, or documentation concerns. An informal complaint may be made by either a parent, Service Coordinator, provider, or SPOE Management Team. The informal complaint may be made at any time in a written or verbal format.

Every time the SPOE is notified of an informal complaint, the SPOE Management Team must

document the issue in the state's tracking system. When an informal complaint is made, the SPOE Management Team confirms the parent was informed of their rights, including formal dispute resolution options. The SPOE Management Team reviews, determines a resolution, ensures the resolution is carried out, including any corrective action needed, and provides technical assistance. The SPOE may request DESE assistance with resolving the issue, including technical assistance.

Informal complaints may also be reported directly to DESE. DESE reviews and logs the issue, determines a resolution, ensures the resolution is carried out, including any corrective action, and provides technical assistance.

If the informal complaint is disputed, then the provider or Service Coordinator may submit additional documentation to DESE to dispute the claim.

SECTION II: PRACTICE ISSUE

A practice issue involves complaints related to provider or Service Coordinator practices, such as concerns with professionalism, boundaries, or ethics. A practice issue complaint differs from an informal complaint in that a practice issue complaint does not evoke parental rights (i.e., does not impact timelines, services in the IFSP, eligibility determination).

A practice issue complaint against a provider may include lacking punctuality, exhibiting bias, displaying inappropriate behavior, or using disrespectful language. This also applies to providers subcontracted under SPOE as Provider.

A practice issue complaint against a Service Coordinator may include lack of communication, exhibiting bias, disorganization, displaying inappropriate behavior, or using disrespectful language.

A practice issue complaint may be made by either a parent, Service Coordinator, provider, or SPOE Management Team. A practice issue may be reported in a written or verbal format within one year of the date of the concern.

Each time the SPOE is notified of a practice issue, the SPOE Management Team must document the issue in the state's tracking system. The SPOE Management team reviews, determines a resolution, ensures the resolution is carried out, and provides technical assistance. The SPOE may request DESE assistance with the issue, including technical assistance.

Practice issues may also be reported to and logged by DESE. DESE reviews, determines a resolution, and implements any required technical assistance for practice issues reported directly to DESE.

If the practice issue is disputed, then the provider or Service Coordinator may submit additional documentation to DESE to dispute the claim.

Provider practice issues can be made available to the public for review by request. When selecting providers for the IFSP team, the Service Coordinator informs each family that information on provider practice issues is maintained by the SPOE office. Personally identifiable information is removed before making the provider's practice issue log available for review to the general public, which includes First Steps providers.

SECTION III: REPORT AN ISSUE IN WEBSPOE

Issues related to billing concerns, family cost participation questions, or programmatic issues can be reported to DESE through the Report an Issue function in WebSPOE. Issues can be reported in WebSPOE externally or internally.

When a reported issue is received, a DESE Senior Program Specialist reviews the issue. Upon review, a reported issue often becomes a billing issue, a practice issue, or an informal complaint. For more information on billing issues, Service Provider Manual Chapter 9: Billing and Accountability.

A. External Reporting

The general public, including parents, service providers, SPOE personnel, and DESE staff, can report general issues or concerns via the Report an Issue function on the external WebSPOE homepage (www.mofirststeps.com).

B. Internal Reporting

Individuals with WebSPOE access can report billing issues or concerns regarding a specific date of service in a child's record via the Services Delivered tab. Only individuals with access to a specific child's record can report an issue within that child's record, including the child's Service Coordinator, the SPOE Management Team, and DESE staff.

SECTION IV: IDEA DISPUTE RESOLUTION

Parents and others have the right to request a formal complaint investigation for issues related to the implementation of IDEA (e.g., eligibility decisions, service delivery, breach of confidentiality). When concerns are raised regarding potential IDEA violations, parents must be informed of the following formal dispute resolution options: child complaint, due process hearing, and mediation.

A. Child Complaint

Anyone can file a complaint regarding a concern that DESE, the SPOE, or a First Steps provider violated a required procedure of Part C of IDEA.

- **Timeline:** Within one year of the alleged violation occurring.
- **Method to file:** In writing. Recommended, but not required, to use the DESE First Steps Child Complaint Model Form on the DESE website to ensure required information is included (see Practice Manual Chapter 2: Parental Rights Documents).
- **Person who investigates:** DESE Part C compliance staff.
- **Decision issued by:** The Commissioner of Education or designee. The decision is final.
- **Retention:** The child's record must be maintained for 10 years after the final decision. DESE must maintain child complaint documentation for 10 years after the final decision.

The SPOE agency, the provider, or DESE is responsible for implementing any corrective actions resulting from a child complaint decision.

B. Due Process Hearing

The parent (or parent's attorney) may file a request for a due process hearing due to a dispute over a decision made by DESE, the SPOE, or a provider regarding the identification (eligibility), evaluation, location, or the delivery of services to the child and family.

- **Timeline:** Within one year of the alleged violation occurring.
- **Method to file:** In writing. Recommended, but not required, to use the DESE First Steps Due Process Hearing Parent Request Model Form on the DESE website to ensure required information is included (see Practice Manual Chapter 2 Documents).
- **Person who presides over the hearing:** An impartial hearing officer. DESE does not investigate.
- **Decision issued by:** The hearing officer makes findings based on facts in the case and

gives a ruling. Any party aggrieved by the findings and decision has the right to bring a civil action in state or federal court.

- **Retention:** The child's record must be maintained for 15 years after the final decision. DESE must maintain due process information for 15 years after the final decision.

The SPOE agency, the provider, or DESE is responsible for implementing any corrective actions resulting from due process hearing decisions.

C. Mediation

Any party, including a parent or parent's attorney, involved in a dispute regarding a disagreement involving any matter under Part C of IDEA can file a request for mediation.

- **Timeline:** No filing timeline.
- **Method to file:** In writing. Recommended, but not required, to use the DESE First Steps Mediation Request Model Form (see Practice Manual Chapter 2: Parental Rights Documents) to ensure required information is included. Usually filed in conjunction with a Child Complaint or Due Process Hearing request.
- **Person who facilitates:** A qualified and impartial mediator agreed upon by both parties. DESE does not review.
- **Decision written by:** The participating parties. If the mediation is successful, a legally binding agreement is written, signed by the parent and a representative of DESE, and implemented. If the mediation is not successful, the parties may initiate, or continue with, a child complaint or due process hearing.
- **Retention:** The child's record must be maintained for 10 years for mediation agreements related to a child complaint, and 15 years for mediation agreements related to a due process hearing. DESE must maintain information pertaining to a mediation agreement for 10 years if the mediation was related to a child complaint, and 15 years if the mediation agreement was related to a due process hearing.

The SPOE agency, the provider, or DESE is responsible for implementing any corrective actions resulting from mediation decisions.



SPOE Administration Manual

Chapter 6: Compliance Monitoring Procedures

Missouri Department of Elementary and Secondary Education
Office of Childhood
January 2025

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Chapter 6: Compliance Monitoring Procedures

The state conducts compliance monitoring of System Point of Entry (SPOE) regions in order to verify services are delivered to families in accordance with state and federal regulations and fiscal monitoring of SPOE mileage claims. The primary focus of the state's monitoring activities is to improve early intervention results and functional outcomes for infants and toddlers with disabilities.

All ten SPOE agencies are monitored annually for compliance with state and federal regulations using the Missouri Part C Compliance Standards and Indicators. A monthly fiscal review of selected SPOE agencies mileage claims is conducted to review billing practices.

SECTION I: ANNUAL STANDARDS AND INDICATORS REVIEW

The annual compliance monitoring involves two aspects of the Standards and Indicators: Annual Performance Report (APR) indicators and non-APR indicators. All 10 SPOE agencies are monitored on the following APR indicators: timely services, 45-day timeline, timely transition plan with steps and services, timely Local Educational Agency (LEA) notification, and transition conference timeline. In addition, some activities directly related to these five APR indicators are monitored annually (e.g., Notice of Action/Consent to initiate services, Release of Information).

The non-APR indicators are selected based on a review of statewide and/or regional data. The type and number of non-APR indicators are subject to change each year (e.g., eligibility determination, consent to use insurance, etc.).

A. File Selection

Each fiscal year, First Steps Compliance staff use reports in WebSPOE to select records to review for active Service Coordinators in the SPOE agency. Records may be selected randomly or based on a review of statewide and/or regional data. Compliance staff selects at least one record for each Service Coordinator, allowing a minimum of six months between the Service Coordinator's enrollment date and the compliance monitoring date.

A minimum of five initial and five transition files are reviewed annually; therefore, all SPOEs have at least ten files reviewed, no matter if the SPOE has less than ten eligible intake or ongoing Service Coordinators.

B. Monitoring Information

In July of each year, the Department of Elementary and Secondary Education (DESE) provides

the SPOE Director a list of the files selected for monitoring, a corresponding documentation request, and a monitoring letter via the Improvement Monitoring Accountability and Compliance System (IMACS 2). IMACS 2 is a web-based system used to record and track compliance monitoring data. This database includes monitoring results, correspondence between Compliance staff and SPOEs, Individual Child Corrective Action Plans (ICAPs), Corrective Action Plans (CAPs), and verification of correction of noncompliance. Also, IMACS 2 generates various monitoring reports.

When the SPOE Director receives the July monitoring information, the monitoring process begins for that year. After receipt of the monitoring information, the SPOE Director should not make any corrections to documentation in the files selected for review.

C. Monitoring Tool

To ensure federal and state regulations are followed, DESE established the Missouri Part C Compliance Standards and Indicators (see Practice Manual Chapter 1 Links). This document is used in the annual monitoring of the SPOEs on implementation of the federal regulations and the Missouri State Plan for Part C – First Steps.

The Compliance Standards and indicators document is organized according to the early intervention process, from referral to First Steps through transition out of First Steps. Each step in the process includes the requirements (e.g., actions, timelines) for compliance. The Standards and Indicators are populated in IMACS 2.

D. Desk Review

Each year Compliance staff conduct a desk review of information in the child’s record. While desk reviews are generally conducted for the annual compliance monitoring, an onsite review may occur for a variety of reasons, including but not limited to, the SPOE agency has longstanding noncompliance with a particular indicator, noncompliance that cannot be corrected and verified within 12 months of notification, local determination status, high turnover or a high number of complaints (e.g., child complaints, due process).

During monitoring, information in the record is compared to the Standards and Indicators requirements in order to determine if the activity, or documentation of the action, is in compliance with federal and state regulations.

If the SPOE agency had a CAP on any indicator from the previous monitoring, then any document or action for that indicator that was completed prior to the CAP training date is excluded from the desk review. If prior to receiving the July monitoring information the SPOE Director corrected noncompliance and provided documentation of the correction, Compliance staff may choose not to make a finding. If information is missing from the record, Compliance staff contacts the SPOE

Director for clarification in order to determine if noncompliance is present.

When information in the record does not align with the requirements in the Standards and Indicators, it is considered noncompliance. The corrective action depends upon the extent of noncompliance.

1. Isolated Noncompliance

If the noncompliance represents an isolated incident (i.e., 80 to 99 percent compliance on an indicator), then the SPOE has an opportunity to correct the instance prior to a finding being issued. Compliance staff contact the SPOE Director and the SPOE Director has the opportunity to immediately correct the indicator prior to the issuing of the Part C Compliance Monitoring report. For all findings issued, consistent with Office of Special Education Program (OSEP) QA 23-01, to correct the indicator, the SPOE Director has to complete two levels of correction:

(1) Child Level - the SPOE Director corrects the noncompliance in the individual child record, unless the child is no longer within the jurisdiction of the SPOE and no outstanding corrective action exists under a state complaint or due process hearing decision for the child; **and**

(2) SPOE Level - the SPOE Director submits additional files to demonstrate program level compliance with the indicator.

If the SPOE Director is able to demonstrate two levels of correction, then no finding and no corrective action will be issued for the indicator. However, the raw, precorrection data is still reported in the APR. If the additional files do not demonstrate compliance with the indicator, then a finding and a corrective action will be required for the indicator.

2. Extensive Noncompliance

If the noncompliance is found to be extensive (i.e., 79% or less compliance on an indicator), then a finding is issued and a corrective action will be required for that indicator. The SPOE Director will not have an opportunity to correct these instances prior to issuing the Part C Compliance Monitoring report.

E. Entrance Information and Exit Conference

Compliance staff provide entrance information via email and/or conference call with the SPOE Management Team to review the purpose and scope of the monitoring. An exit conference call is held with each SPOE to discuss preliminary monitoring findings.

1. Interviews

Compliance monitoring may also include interviews of personnel in each region. The members

of the SPOE Management Team and Service Coordinators may be interviewed to provide additional information regarding SPOE processes.

2. Correspondence and Reports

The Part C Compliance Monitoring report is the report officially notifying the SPOE Contractor and SPOE Director of any findings of noncompliance. The SPOE Contractor and SPOE Director will receive the Part C Compliance Monitoring report via IMACS 2. The report contains:

- The report letter
- Compliance Status of Indicators Reviewed Report
- Corrective Action Plan (CAP), if applicable

Once the Part C Compliance Monitoring report is sent, the SPOE Director can access the following additional reports in IMACS 2:

- **Child File Review Summary.** This is a lengthy report that shows all results for every child's file.
- **Individual Child File Reviews.** This is a summary of all "yes", "no", and "N/A" results for each indicator. It gives an overall percentage for each indicator and is helpful to the SPOE Director in analyzing problem areas.
- **Noncompliance Summary, if applicable.** This contains all items of identified noncompliance (i.e., only the "no" results). The report includes:
 - The child's name
 - The name of the Service Coordinator
 - The indicators out of compliance
 - The Individual Child Correction
 - Notes regarding the indicator

On the Noncompliance Summary, one of four options will be shown in the Individual Child Correction column: (1) Individual Correction Required, (2) No Individual Correction Required (shown when there is no ICAP but a CAP is required), (3) No Individual Correction Required: child no longer in First Steps, or (4) No Individual Correction Required: child is deceased.

3. Verification Review

Verification Review is the process the SPOE Director completes to clear any ICAPs and CAPs issued to the SPOE agency due to noncompliance identified during the compliance monitoring. Consistent with OSEP QA 23-01, there are two levels of correction necessary to verify correction of any noncompliance identified in the Part C Compliance Monitoring report:

a) Child Level

Verification of correction of each instance of individual child noncompliance through an ICAP, unless the child is no longer within the jurisdiction of the SPOE region, and no outstanding corrective action exists under a state complaint or due process hearing decision for the child. All ICAPs must be submitted to Compliance staff via IMACS 2 and cleared within 60 calendar days of receiving the Part C Compliance Monitoring report letter.

b) SPOE Level

Verification of correction that the SPOE is correctly implementing the specific regulatory requirements (i.e., achieve 100% compliance) through a review of five new files.

ICAPs are required for all findings of individual child noncompliance when the child is still active in the SPOE region. ICAP Guidelines are provided in IMACS 2 with each ICAP. ICAPs are cleared when the SPOE Director provides new documentation that the activity found out of compliance has been corrected and is in compliance.

CAPs are required for any indicator with a “no” result in the Part C Compliance Monitoring report. Initially, the SPOE Director writes a plan for each indicator with a CAP and submits the plan to Compliance staff via IMACS 2 within 30 calendar days of receiving the Part C Compliance Monitoring report letter. When writing the plan, the SPOE Director should consider the extent of the training needed. Depending on the extent of the noncompliance, Compliance staff may require specific training to occur as part of the CAP. Example CAPs may include:

- The SPOE Director discussing with the Service Coordinator the indicator found out of compliance
- The SPOE Director reviewing new files to ensure correction has occurred
- A SPOE-wide training with the Senior Program Specialist and SPOE Director
- Review or revision of a SPOE policy, procedure, or practice

Through IMACS 2, the SPOE Director is able to communicate with Compliance staff regarding the status of correction for a specific indicator. If documentation submitted for the CAP is found out of compliance during the Verification Review, an ICAP will be required, if applicable. New documentation will continue to be reviewed on that indicator, until 100% compliance is demonstrated. This review may include the identification of new noncompliance not related to the original indicator.

If noncompliance continues to be identified, either during the annual desk review or Verification Review, Compliance staff may conduct an onsite monitoring.

4. Clearing Corrective Action Plans

CAPs are cleared when the SPOE Director provides documentation from new files that demonstrate compliance with that indicator.

The SPOE Director may provide new documentation individually for each CAP indicator or submit documentation for all CAP indicators at the same time. Additionally, documentation from one child's file may be submitted to correct multiple indicators. For example, if two indicators on a Notice of Action Consent (NOA/C) for Initiation of Early Intervention (EI) Services (e.g., reason for the action and date of notice) are out of compliance, then one NOA/C for Initiation of EI Services can be submitted for both indicators.

If documentation is found out of compliance during the Verification Review, an ICAP will be required, if applicable. This may include the identification of new noncompliance not related to the original indicator. For any noncompliance identified, the SPOE will continue to submit new documentation to be reviewed on that indicator, until 100% compliance is shown.

All noncompliance should be corrected as soon as possible. ICAPs must be corrected within 60 calendar days from the date of notification of noncompliance while CAPS must be corrected within 12 months from the date of notification of noncompliance (i.e., date of the Part C Compliance Monitoring report). Once the SPOE Director has corrected all noncompliance at 100% (i.e., all documentation sent in for Verification Review is in compliance), the SPOE Contractor and SPOE Director receive a letter via IMACS 2 confirming the SPOE agency is in compliance with state and federal regulations and the monitoring is complete. As outlined in the SPOE contractual requirements, any SPOE agency not willing or able to correct noncompliance within 12 months of receiving notification (timely correction) is subject to liquidated damages.

SECTION II: GENERAL TIMELINE FOR ANNUAL COMPLIANCE MONITORING

Below is a general timeline of the annual First Steps Compliance Monitoring Process:
(All dates are approximate and subject to change)

April	
Schedules and Monitoring Updates	<ul style="list-style-type: none"> • SPOE Directors access IMACS and make sure contact information is accurate • Compliance staff confirm monitoring schedule with SPOE Directors • Compliance staff present monitoring calendar and updates at SPOE Directors meeting • SPOE Directors update all child files and Service Coordinator information in WebSPOE by May 1
May - June	
File Selection	<ul style="list-style-type: none"> • Compliance staff review names and enrollment dates of all active Service Coordinators in each SPOE and select child files for monitoring • Compliance staff schedule times for SPOE Director Interview and Exit Conferences • Compliance staff share IMACS training PowerPoint with SPOEs at June Contractor training
July	
Monitoring Process Begins	Compliance staff send the SPOE Director the monitoring letter, a list of children's records to be monitored and the documentation from the records to be provided via IMACS 2. Documentation is due to Compliance staff as indicated in the monitoring letter.
August - September	
Conduct Monitoring	<ul style="list-style-type: none"> • Compliance staff send the SPOE Annual Determination Letter • SPOE Annual Monitoring begins which includes: <ul style="list-style-type: none"> ○ Desk or onsite review of records ○ Entrance conference ○ Early corrections, if applicable ○ Interviews, as needed ○ Exit conference

October	
Part C Compliance Monitoring Report	Compliance staff create a report of the monitoring findings for each region. The report is made available to the corresponding SPOE Director. Any ICAPs and CAPs are available to the SPOE Director in IMACS 2 to begin the correction of noncompliance process.
November - December	
Monitoring Trends	Compliance staff review monitoring trends at November SPOE meeting.
CAP Training Plan Due	If applicable, within 30 calendar days after receipt of the Part C Compliance Monitoring report, a training plan is due in IMACS 2 from the SPOE Director. This begins the Verification Review process*.
ICAPs Due	If applicable, within 60 calendar days after receipt of the Part C Compliance Monitoring report, all ICAPs are due in IMACS 2 from the SPOE Director.
January	
Annual Performance Report	Results from the monitoring are included in the APR and reviewed at the Early Childhood State Advisory Council Meeting (ECSAC). Public reporting of APR indicators is reviewed at January SPOE meeting.
*Ongoing Verification Review	
Complete CAP Training and Submit New Documentation	<p>The Verification Review process continues until all noncompliance is corrected at 100%. The steps include:</p> <ol style="list-style-type: none"> 1. SPOE Director develops training plan. 2. Compliance staff approve training plan. 3. SPOE Director completes training plan. 4. SPOE Director submits new documentation to Compliance staff for review in IMACS 2. 5. Compliance staff review documentation until 100% compliance is demonstrated and all ICAPS and CAPs are cleared. <p>Compliance staff sends the SPOE Director the CAP letter via IMACS 2 indicating all CAPs are cleared and the monitoring process is complete.</p>

Reminder: All noncompliance should be cleared as soon as possible but must be cleared no later than 12 months from receipt of the Part C Compliance Monitoring report.

SECTION III: SPOE MILEAGE REVIEW

DESE reimburses SPOE agencies for mileage to perform First Steps activities according to SPOE Administration Manual Chapter 1: SPOE Operations. All travel associated with First Steps required activities for each staff person is recorded on the ***SPOE Daily Mileage Log*** (see SPOE Administration Manual Forms) and kept on file by the SPOE Director. The SPOE must compile the total miles claimed from the SPOE Daily Mileage Logs for all personnel onto the ***SPOE Monthly Mileage Invoice*** and submit the invoice to DESE for mileage reimbursement at the state mileage rate.

A. Mileage Review Process

Compliance staff randomly select SPOE regions for regular SPOE mileage reviews on the first business day of the month. SPOEs chosen for mileage review receive an email request for mileage logs that are two months in arrears (e.g., mileage logs from the month of May would be reviewed in July). SPOEs have a maximum of ten business days to respond to the request.

The logs should be sent to Compliance staff in an encrypted email. If logs are incomplete, such as missing dates or discrepancies, the SPOE Director receives an email request for complete logs and has ten business days to provide additional documentation.

Using Google Maps, Compliance staff review mileage logs to ensure all requirements are documented accurately in accordance with state guidelines. Reasonable mileage is defined as within 10% (over or under) of the top three routes provided by Google maps and there is ten miles or less variance between the three routes. This applies to each individual mileage line. For example, if the SPOE staff traveled 50 miles and Google Maps lists 45 miles as the direct route, this would be considered reasonable.

For any mileage that cannot be verified on Google Maps, Compliance staff check the complete mileage logs for an explanation of the alternate route (e.g., road construction, accidents, hazardous weather, etc.).

B. Mileage Review Results

1. Pass

Mileage monitoring for a designated month is generally completed and the SPOE Director notified of the results by the end of that same month.

If mileage is found reasonable, the SPOE receives a results letter denoting a “*Pass*” and no follow up is required.

2. Fail

Mileage that is found unreasonable receives a results letter denoting a “*Fail*” along with a summary of the review. A final conclusion resulting in *Fail* occurs when:

- a) Mileage logs were requested but no response was received from the SPOE within ten days from the date of request.
- b) The SPOE responded to a request for mileage logs but did not respond to the follow-up for additional explanation within ten days from the date of request.
- c) After review, Compliance staff determined mileage was unreasonable. For example, the explanation for additional miles indicated the SPOE staff person went shopping between visits.
- d) After review, Compliance staff determined that the total miles documented on the mileage logs were over the number submitted on the *SPOE Monthly Mileage Invoice*.

Final conclusions resulting in *Fail* are subject to fund recovery if mileage logs did not substantiate that the mileage was reasonable and funds have not been recovered at the time the investigation is complete. In the final conclusion letter, the SPOE Director is notified that the fund recovery will be deducted from the next mileage payment.

When a SPOE receives a failed mileage review, the following actions are taken:

- All findings and any trends in SPOE practices are documented and tracked by Compliance staff.
- Technical assistance may be provided by the Senior Program Specialist to the SPOE Director regarding mileage tracking or billing practices.
- Follow-up monitoring occurs in instances where the SPOE region had significant billing issues or demonstrated difficulty with mileage tracking.

3. Pass with Correction

Final conclusions resulting in a *Pass with Correction* occur when Compliance staff determine that the mileage submitted for payment was less than the actual miles documented on the mileage log. Final conclusions resulting in a *Pass with Correction* must be in accordance with state guidelines. When a *Pass with Correction* is determined, Compliance staff submit a request in WebSPOE to reimburse the SPOE for the additional miles.

If underbilling occurs frequently, technical assistance will be provided to ensure mileage documentation and billing practices accurately reflect state guidelines. Compliance staff documents findings and any trends in SPOE practices.

Ready to become an Educational Surrogate?

Here's what you should know:

The purpose of an Educational Surrogate:

- To act as a parent for a child with a disability when there is no authorized adult to make educational decisions under the IDEA.
- To represent the child in the evaluation, assessment, and development of the Individualized Family Service Plan (IFSP) under IDEA Part C.

The benefit of being an Educational Surrogate:

- To act as a parent for a child with a disability when there is no authorized adult to make educational decisions under the IDEA.
- To represent the child in the evaluation, assessment, and development of the Individualized Family Service Plan (IFSP) under IDEA Part C.

The process of becoming an Educational Surrogate for the First Steps Program:

- Training is provided free of charge and all reasonable expenses are reimbursed according to DESE requirements.
- Individuals wanting to become a Part C Early Intervention (birth to 3) Educational Surrogate can [visit DESE's website](#) or scan the QR code for steps to completing the application and training process.



**Contact the
Department of
Elementary and Secondary
Education 573-751-0699 or
scan the QR Code for more
information.**



What is an Educational Surrogate?

An Educational Surrogate is an impartial individual who fills the role of *parent* for a child with a disability whenever decisions are being made about the child's evaluation and assessment, development and review of the Individualized Family Service Plan (IFSP), ongoing delivery of services and any other rights established under the Individuals with Disabilities Education Act (IDEA) when there is no natural parent or other adult authorized to make decisions on behalf of the child.

Why do we need Educational Surrogates?

IFSP Teams determine the appropriate services for children with disabilities, birth to age three. Parents of children with disabilities are important IFSP Team members. Sometimes, for various reasons, there is no one to fill the role of *parent* at IFSP Team meetings. An Educational Surrogate is needed when:

- the child has no identified parent, OR
- the parents cannot be located, AND
- the child is a ward of the state and is living in a facility or group home and not with a person acting as a parent, OR
- the child is an unaccompanied homeless youth.

The IDEA requires that states train and provide Educational Surrogates to fill the role of a parent.

Who can be an Educational Surrogate?

An Educational Surrogate must be 18 years old or older, have completed the required online training and have no criminal record for child abuse or neglect. An Educational Surrogate must not have any conflict of interest concerning the child's early intervention services; an Educational Surrogate may not be an employee of a public agency providing care, custody or educational services to the specific child in need of Educational Surrogate representation.

How much time and money will this commitment take?

Signing up as an Educational Surrogate (training video, module assessment and application completion) takes about a day. Completion of the Family Care Safety Registry (FCSR) background screening can be quick and easy depending on how you register. The FCSR process can be completed two ways: Online which requires an online registration fee of \$15.00 plus a \$0.55 processing fee or by mailing your required information to the Missouri Department of Health and Senior Services. For more detailed information on FCSR requirements visit: <https://health.mo.gov/safety/fcsr/> Once assigned a child, the Educational Surrogate reviews the child's record well enough to understand the child's needs, strengths, interests, and history. A meeting between the child and surrogate is arranged. After that, surrogates attend IFSP meetings.

Serving as an Educational Surrogate cost nothing. Training is provided free of charge and all reasonable expenses are reimbursed according to DESE requirements.

What do Educational Surrogates do on behalf of the child?

Educational Surrogates are expected to attend IFSP meetings and provide input concerning the services the child receives and advise on options for the child when they transition out of First Steps at age three. Educational Surrogates advocate for the child's rights. Educational Surrogates fill the role of *parent* at IFSP meetings. When they fill the role of the parent, they have a right to an answer from the System Point of Entry (SPOE) office when requesting an explanation of the child's record, request that the SPOE provide copies of the child's record, and have a person selected by the parent review the child's record.

Can an Educational Surrogate be held liable if he or she makes a wrong decision about a child?

Missouri provides that a person appointed to act as an Educational Surrogate shall be immune from any liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's services. This immunity shall not apply to intentional conduct, wanton and willful conduct or gross negligence. Section 162.999 (7) RSMo.

How can Educational Surrogates learn more about a child's particular disability?

The Educational Surrogate can view the child's record through the SPOE office serving the child. Contact information for each SPOE office is located on the First Steps webpage at: <https://dese.mo.gov/media/pdf/first-steps-spo-e-contact-information-region>

Who will evaluate Educational Surrogate activities?

The SPOE office serving the child is responsible for monitoring the activities of each Educational Surrogate to make sure he/she is doing his/her job. Monitoring will be through an evaluation system provided by DESE. Each SPOE office is required to evaluate Educational Surrogates annually or more often if warranted. The Office of Childhood, Early Intervention section and Office of Special Education, Compliance will use this information to help decide whether or not to continue a specific surrogate's assignments.

What if DESE terminates an Educational Surrogate assignment?

There are several reasons that DESE may terminate/dismiss an assignment: 1) the child moves out of state; 2) the child's status changes and he/she no longer needs an Educational Surrogate; or 3) the SPOE office and the Office of Special Education, Compliance section in collaboration with the Office of Childhood, Early Intervention section determines an Educational Surrogate has not done an adequate job representing the child. If a surrogate feels an assignment is unfairly discontinued, contact DESE, Special Education Compliance at secompliance@dese.mo.gov

How is an Educational Surrogate assigned to another child after an assignment is terminated?

The SPOE office will request DESE, Office of Special Education, Compliance to assign to another child unless you as a surrogate request not to be assigned or resign as a surrogate.

What kind of records are parents and Educational Surrogates allowed to see?

The Family Educational Rights and Privacy Act (FERPA) covers all "records, files, documents and other material which contain information directly relating to a child," and which are stored in an electronic data system known as WebSPOE managed by a Central Finance Office (CFO) and maintained by the SPOE office in each region across the state. This may include referral, medical documentation, evaluation and assessments, eligibility, and IFSPs are all covered.

Are there any records that a SPOEs can refuse to show parents or Educational Surrogates?

No, unless the SPOE has been provided documentation that the parent or Educational Surrogate shall not have access to certain information.

Parents and Educational Surrogates have a right to:

- an answer from the SPOE when requesting an explanation of the child's record;
- request that the SPOE provide copies of the child's record; and,
- have a person selected by the parent or surrogate to review the child's record.

The following sections within FERPA contain more detailed information; 34 C.F.R. 99.3 includes what constitutes a record generally available for parent review unless otherwise stated, and 34 C.F.R. 99.10(c) requires that an educational agency or institution respond to reasonable requests for explanations and interpretations of education records.

Can a surrogate obtain a copy of the child's records? What if the surrogate does not understand something in the records?

Yes, surrogates have the right to a copy of and examine records. If a SPOE only agrees to verbally share information from records, that is violating the law. Educational Surrogates have a right to receive an explanation of any item in a record that is not clear.

Does a child residing with foster parents also need a surrogate?

No, a foster parent is considered a parent; therefore, an Educational Surrogate assignment is **not** necessary. A foster parent is selected as the custodian for a child by a state or local agency and reimbursed for expenses.

Can a foster parent serve as an Educational Surrogate for other children?

Foster parents are not prohibited from also serving as Educational Surrogates. Foster parents may volunteer to be trained and serve as Educational Surrogates provided, they have no conflict of interest.

For more information contact:

Educational Surrogate Program
Department of Elementary and Secondary Education
Office of Special Education, Special Education Compliance
P. O. Box 480
Jefferson City, MO 65102-0480
Phone: 573-751-0699
secompliance@dese.mo.gov

Missouri Department of Elementary and Secondary Education – Part C Educational Surrogate

Ready to become an Educational Surrogate? Here's what you should know:

What is an Educational Surrogate?

- An Educational Surrogate is an impartial individual who fills the role of parent for a child with a disability whenever decisions are being made about the child's evaluation and assessment, development and review of the Individualized Family Service Plan (IFSP), ongoing delivery of services and any other rights established under the Individuals with Disabilities Education Act (IDEA) when there is no natural parent or other adult authorized to make decisions on behalf of the child.

The purpose of being an Educational Surrogate:

- To act as a parent for a child with a disability when there is no authorized adult to make educational decisions under the IDEA.

The benefit of being an Educational Surrogate:

- The Educational Surrogate has the same rights as a parent for the purpose of participation in the First Steps program.
- Serving as an Educational Surrogate costs nothing.

The process of becoming an Educational Surrogate for the First Steps Program:

- Training is provided free of charge and all reasonable expenses are reimbursed according to DESE requirements.
- Individuals wanting to become a Part C Early Intervention (birth to 3) Educational Surrogate can visit DESE's website or scan the QR code for steps to completing the application and training process.

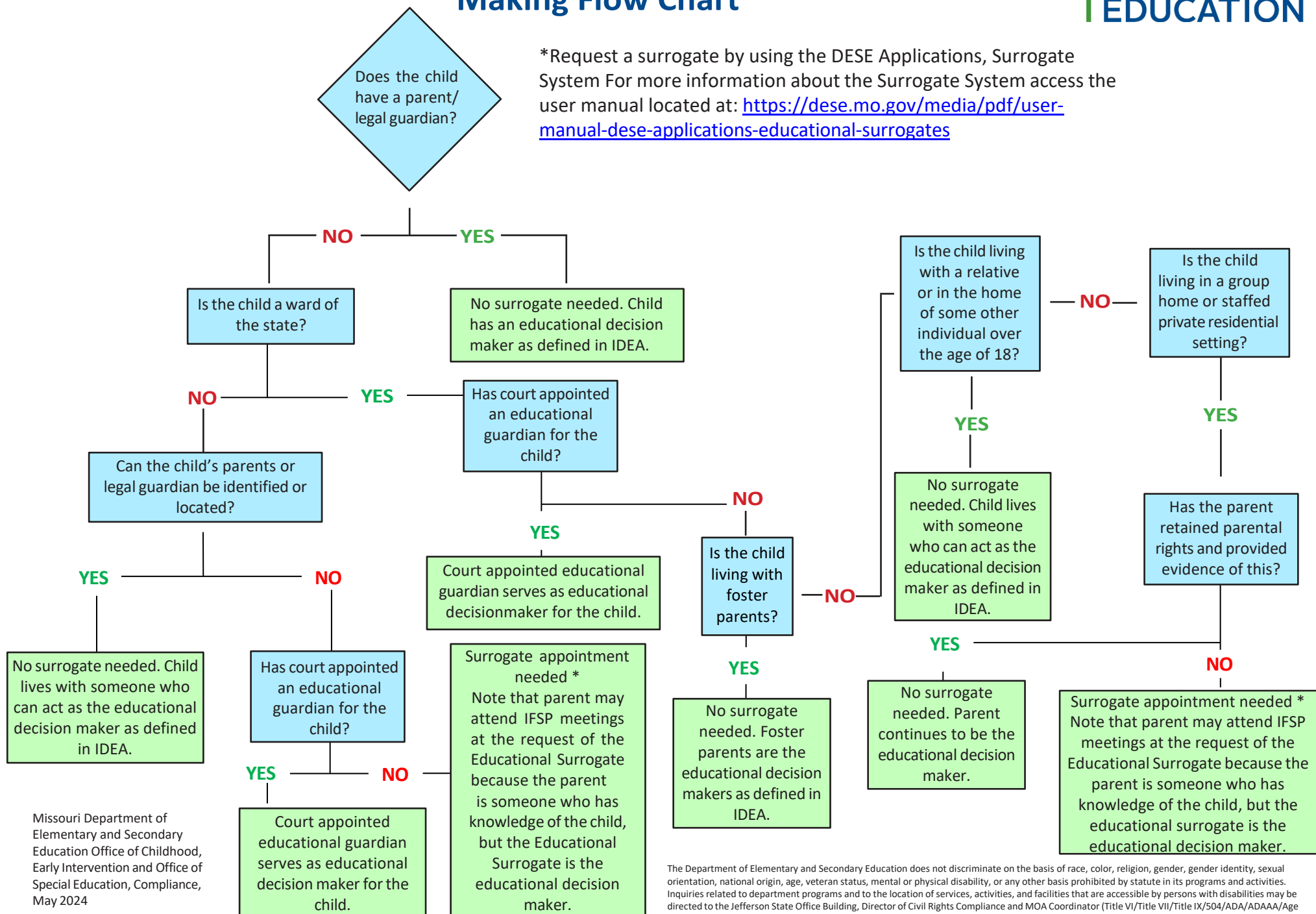


**Contact the
Department of
Elementary and Secondary
Education 573-751-0699 or
scan the QR Code for more
information.**



Need for a Part C Appointed Educational Surrogate: Decision Making Flow Chart

*Request a surrogate by using the DESE Applications, Surrogate System For more information about the Surrogate System access the user manual located at: <https://dese.mo.gov/media/pdf/user-manual-dese-applications-educational-surrogates>



User Manual for DESE Application for SPOEs

The use of the Educational Surrogate Web System is required when requesting assignment and managing children needing educational surrogates. At least one person in each SPOE office MUST have access to the system at all times. The SPOE Director contact for each SPOE region will be granted initial access. It is up to the SPOE to determine if additional SPOE Management staff will need access.

Accessing the Educational Surrogate Web System

Access can be granted via the DESE Applications User Manager which is the Early Intervention Program Manager. SPOE staff needing access must create an account here:

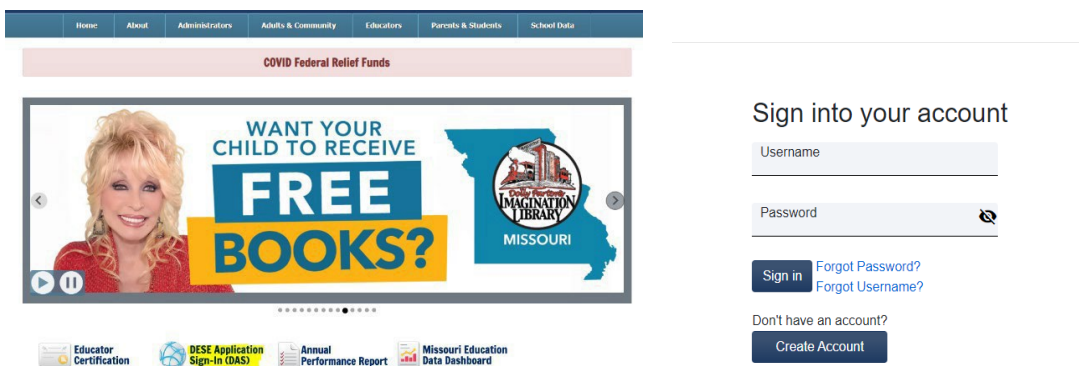
<https://apps.dese.mo.gov/DESEApplicationsSignin/Account/Registration>

The Office of Data Systems Management (ODSM) will approve the created account and allow the User Manager (EI Program Manager) to then give access to the Special Education Surrogate tab in DESE Applications. As a reminder your pop-up blocker will need to be turned off to use DESE Applications, Web Surrogate System.

**Note the current Educational Surrogate Web System is built out for Lead Educational Agencies (LEA), ECSE and K-12 Special Education so references, and screen grab images may be LEA specific but Part C, Early Intervention will follow the same process when requesting an Educational Surrogate.*

Requesting an Educational Surrogate

Log into the Department's Web Application menu.



Click **SURROGATE** under the Secure Access heading. You will be taken to the Web Surrogate: Home screen. (If you have access to the Surrogate system only, you will be taken directly to this page. Any other access listed under Secure Access is based on each individual DESE Application you have permissions for.)

Secure Access

Special Education IMACS 2

Surrogate

Tiered Monitoring

User Manager

Virtual Learning Platform

User Manual for DESE Application for SPOEs

This screen will allow you to create a new request, manage all active children for your SPOE office and alert you to any actions required by the SPOE. To see assignments, select an option from the dropdown.



To create a new assignment, click the [ADD NEW ASSIGNMENT](#) button on the SPOE Home screen.

WebSurrogate: LEA Home



This will take you to the *New Assignment: Select Student (child)* screen. This screen contains a list of children previously loaded for your SPOE office. If you do not see the child for whom you are requesting a surrogate, click the [IMPORT A STUDENT \(Child\) TO YOUR DATABASE FROM THE DESE STATEWIDE DATABASE](#) at the top of the screen.



This brings you to the "Import student (child) from DESE data warehouse" screen. This will allow you to look-up the student (child) in the MOSIS system using MOSIS ID, First Name or Last Name.

Import student from DESE data warehouse

You first need to add a student to your database before you can assign a surrogate to the student.

Once the list of students (children) fitting the criteria displays, click the select button next to the appropriate student's (child's) name. If the student (child) does not exist in the MOSIS system, you will need to request a MOSIS number before you can proceed with the request. You can request a MOSIS number by contacting speddata@desemo.gov.

User Manual for DESE Application for SPOEs

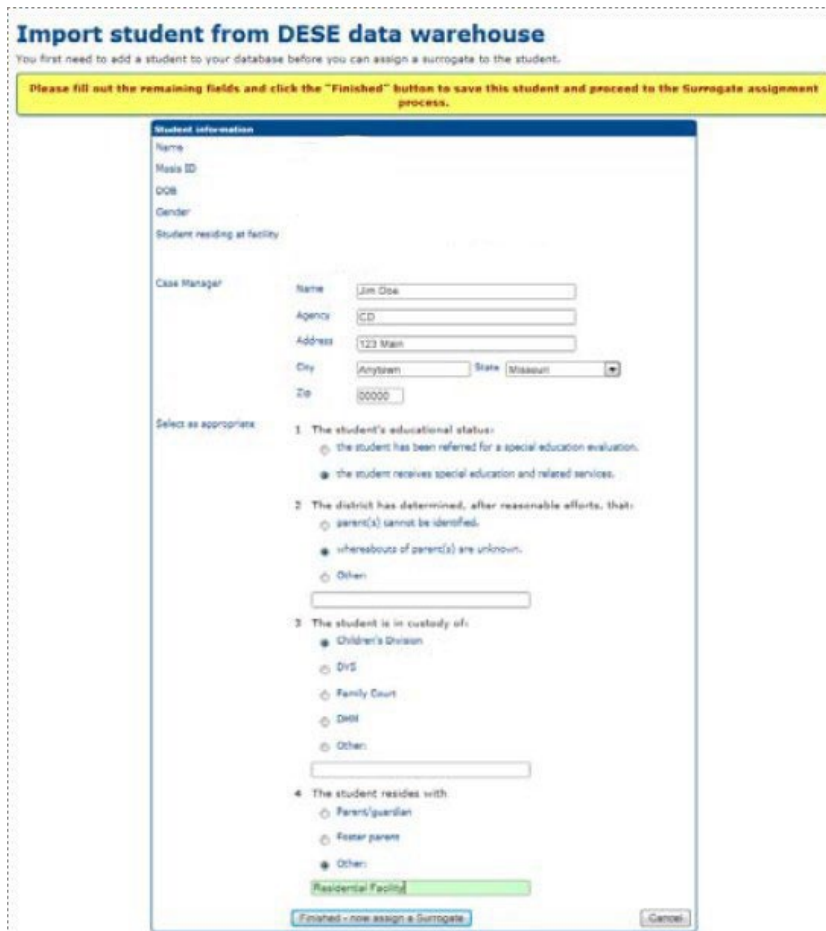
Once you select the student (child) from the DESE data warehouse, you will be asked to indicate the facility (SPOE office) in the region where the child resides. If the facility (SPOE office) isn't on the list, please contact the Office of Special Education at 573-751-0699, and it will be added. This puts the child on the SPOEs "list" to be able to assign a surrogate. Once on the list, click the child's name to assign a surrogate.

Import student from DESE data warehouse

You first need to add a student to your database before you can assign a surrogate to the student.



The next screen to appear is the information required for a surrogate request. If you answer "Other" to any question, a comment must be entered. When you are finished entering the information, click [FINISH-NOW ASSIGN A SURROGATE](#).



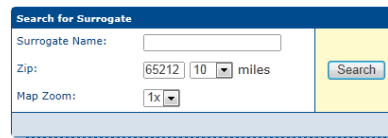
This will give you a list of all students (children) pending submission of an assignment request. Select and open the child profile for whom you are requesting a surrogate. You will then be taken to the Find Surrogate search screen. On the Find Surrogate page select **"have DESE assign a surrogate"**. Select "OK" on your pop-up and this will be sent to Office of Special Education, Compliance.

User Manual for DESE Application for SPOEs

The SPOE does not have to contact the surrogate for approval to assign. The surrogates on the list have agreed to serve and will contact DESE if they are not able to fulfill those duties. In that case, DESE will assign another surrogate.

Find Surrogate for: Tebow, Tim

You may use the following form to enter search criteria, or [have DESE assign a surrogate](#).

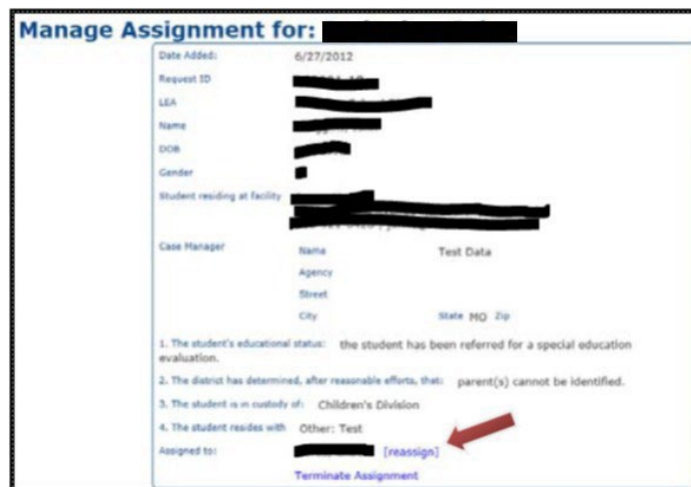


If you notice a surrogate assigned by DESE that you feel has a conflict of interest with the assignment, please contact the Office of Special Education immediately at 573-751-0699.

The request is received by DESE for approval. If it is determined a conflict of interest does not exist with the surrogate the request will be approved. If a conflict does exist, DESE will assign a different surrogate. If the student (child) doesn't qualify, DESE will deny the request. Once DESE assigns surrogate, and Surrogate confirms, Surrogate gets letter and contacts the SPOE or the SPOE can contact the Surrogate.

Reassignment of Surrogate

To request the assignment of a different surrogate, choose the student (child) from the SPOE office Home screen and click the reassign link on the Manage Assignment screen.

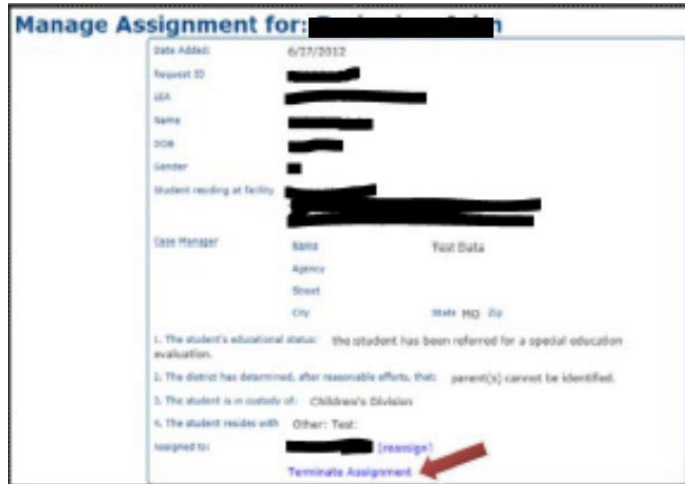


The system requires an explanation for reassignment. Once the reason has been entered on the pop-up screen, click Submit to DESE. The request is submitted to DESE and will remain pending until DESE acts upon the request.

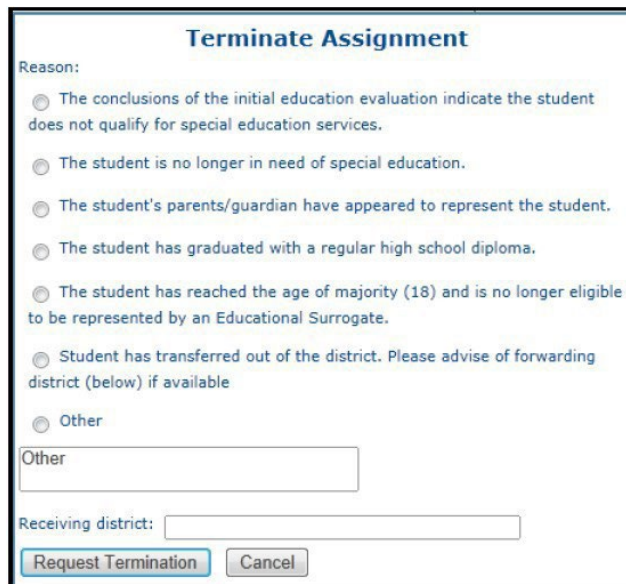


Terminate Student (child) from the System

To terminate an assignment, select the student (child) from the SPOE office Home screen. Click on Terminate Assignment link at the bottom of the Manage Assignment screen.



You must answer the questions on the pop-up screen and click request termination.



The request is submitted to DESE and will remain pending until DESE acts upon the request.

Service Coordinator Self-Reflection

Referral through Ongoing Service Coordination

The purpose of the Service Coordinator Self-Reflection is to examine practices from the time of referral through ongoing service coordination, specifically considering the quality of the interactions the Service Coordinator has with families. The requirements for service coordination are detailed in the Practice Manual. The intent of self-reflection is to examine the relationship between the Service Coordinator and the family. The results of the self-reflection can inform the need for professional development and additional technical assistance from the System Point of Entry (SPOE) Director, Department of Elementary and Secondary Education (DESE) staff or other sources. SPOE Directors may also use this tool in conjunction with the Family Assessment Interview and Individualized Family Service Plan (IFSP) Meeting Observation Tool.

Service Coordinator Name: _____

Date Completed: _____

Instructions: Reflect on your overall caseload when reviewing each indicator and consider whether: *I am **CONFIDENT** in this practice or I **NEED SUPPORT** in this practice.*

PRACTICES		Confident	Need Support
Initial Contacts To Eligibility Determination (<i>Practice Manual Chapters 2, 3, 4, and 5</i>)			
Initial Contact	<p>Introduction: I attempt the first contact with the family within two business days of receipt of referral.</p> <p>During the initial contact, I briefly introduce the First Steps program in a manner understandable to the individual family, including the eligibility criteria, and the reason for the referral. I establish preferred communication methods with the family and address native language needs. By the end of the initial contact, I have scheduled the intake visit in consideration of the family's schedule.</p>		
Intake	<p>Engage: I take steps to establish a relationship with each family, including making them comfortable, answering their questions, getting to know them and their concerns for their child, figuring out the best way to present information to them, explaining my role in supporting them, and following up with them after the visit, as needed.</p>		
	<p>Inform: By the end of the intake visit, I have helped each family understand:</p> <ul style="list-style-type: none"> • The First Steps Program, including: <ul style="list-style-type: none"> ○ How their child will be evaluated for eligibility, including the 45-Day Timeline ○ Participation in First Steps is voluntary ○ How the family will be active participants in services ○ Where services may be provided, including in the home or community settings ○ How services are provided by a primary provider who receives support from other providers on an early intervention team ○ What happens if the child is not eligible or eligible, including the Initial IFSP timeline • Scheduling an evaluation/assessment with a First Steps provider, including how to contact the provider • Which physicians or other programs may have relevant information to help with determining the child's eligibility • How to contact me or the evaluator with additional questions 		
	<p>Explain: I review and explain the following in a manner each family can understand:</p> <ul style="list-style-type: none"> • All Parental Rights • Each section of the System of Payments policy, including use of insurance and Family Cost Participation • All required forms, including their purpose, before the family signs 		

PRACTICES		Confident	Need Support
Initial Contacts To Eligibility Determination, <i>continued</i>			
Eligibility	Eligibility Review: I complete a comprehensive review of all information collected, including conversations with eligibility sources. I consider all eligibility tracks before determining eligibility.		
	Ineligible: I attempt to make contact with the family to explain that their child was determined ineligible before a letter is sent (i.e., first attempt is phone call, and follow-up attempts may be call, text or email). I provide the family with information on local resources, such as parent education programs and community agencies. I explain the process to re-refer to First Steps in the future if concerns persist.		
	Eligible: I contact the family to explain that their child was determined eligible including the reason for eligibility. I work with the family on Initial IFSP meeting planning to ensure the family understands the next steps.		
Documentation during Initial Contacts to Eligibility Determination	Copies: I send the family copies of all signed documents to ensure they are informed of what they consented to and which outside resources may be contacted for information.		
	Case notes: I enter regular case notes, weekly if applicable, detailing a factual account of my interactions and contacts with the family, provider(s), and outside sources to ensure the intake and eligibility process is moving forward.		

Reflecting on my practices from Initial Contacts to Eligibility Determination

Which practices are my strengths? Why do I feel these are my strengths?

For practices that need support, what are the challenging aspects for me?

In what ways do I feel engaged or not engaged with families during initial contacts through eligibility determination?

PRACTICES		Confident	Need Support
Individualized Family Service Plan (IFSP) Process (<i>Practice Manual Chapters 2, 5, 6, 9, 10, and 11</i>)			
IFSP Planning	Purpose: I describe the purpose and process of the IFSP meeting in a manner understandable to each family, including a thorough explanation of the IFSP document.		
	Scheduling: I work with the family to schedule the IFSP meeting at a day and time convenient to them while also considering the provider's schedule and ask about any important people in the child's life the family would like to invite to the meeting.		
	Preparation: I prepare for the IFSP meeting by reviewing all relevant documentation. If any information is not complete, I schedule any initial or ongoing assessment(s) or request an updated progress note from the provider, as applicable.		
Family Assessment	Initial: I review the Family Assessment Interview Worksheet with the family and explain its purpose and how the information will be used. I engage the family by prompting them to tell me about their day, including any strengths and challenges they are experiencing and strategies they have already tried. I encourage the family to prioritize which challenges they want to work on as outcomes in the IFSP. By the end of the conversation, I have a good visualization and understanding of what the family's routines look like and what each person in the family is doing within the routine.		
	Periodic Review: Prior to periodic IFSP meetings (including Six-Month and Annual), the family and I determine if an updated Family Assessment Interview Worksheet is needed. If needed, I engage the family in a conversation about recent changes in routines and challenges that may be impacting their day.		
Facilitating an IFSP Meeting	Engage: I work to establish and maintain a collaborative and respectful climate throughout the IFSP meeting by ensuring everyone is introduced by their role and information shared is understandable to all participants. I ensure each person's voice is heard, especially the family's.		
	Review: I review the child and family assessment information to ensure the entire IFSP team understands: <ul style="list-style-type: none"> • The child's development in functional terms within the family's daily routines and activities • How the child and family's challenges impact successful participation in their daily routines • The people, locations and things that motivate, engage and bring enjoyment to the child and family 		
	Family Perspective: I ensure the family's priorities identified during the Family Assessment are the focus when determining IFSP outcomes and services.		
	Early Childhood Outcomes (ECO): I review the purpose of ECO in a manner understandable to each family, including providing verbal and written explanations. As part of the conversation of the child's development and progress, I encourage the family and provider(s) to give their input and observations. I ensure the child's current skills in each ECO area is agreed upon by the IFSP team during the meeting, as appropriate, utilizing parent report, provider observations, and assessment data.		
	Transition: I discuss the transition process with the family at each IFSP meeting, adapting the conversation depending on the child's age and where the family is in the process. I ensure the family understands the next steps in the transition process and is supported throughout the transition from First Steps. At the time of the child's transition, I provide more detailed verbal and written explanations of the transition process.		

PRACTICES		Confident	Need Support
IFSP Process, <i>continued</i>			
Facilitating an IFSP Meeting, <i>continued</i>	Explain: I review and explain the following in a manner each family can understand: <ul style="list-style-type: none"> • All Parental Rights • Each section of the System of Payments policy, including use of insurance (i.e., new insurance and changes to insurance) and Family Cost Participation (i.e., the Monthly Fee Determination and any changes to family finances) • The purpose and the content of each consent form before the family signs 		
	Next Steps: I prepare the family for the next steps by explaining who is the primary provider and how the early intervention team will support the primary provider, any supporting provider(s) as applicable, how to contact their provider(s), and what to do if there is a concern or issue. I ensure all services begin within 30 calendar days from the date of consent.		
Documentation	Copies: I send the family a copy of the IFSP and all signed documents to ensure they are informed of what they consented to and the services they will be receiving.		
	Case notes: I enter case notes detailing the IFSP process, including a factual account of my interactions and contacts with the family, provider(s), and outside sources. I enter a case note describing the IFSP meeting, including the discussions, agreements, disagreements, and decisions made. My case notes are completed as part of the IFSP meeting finalization process.		

Reflecting on my practices from the IFSP Process

Which practices are my strengths? Why do I feel these are my strengths?

For practices that need support, what are the challenging aspects for me?

In what ways do I feel engaged or not engaged with families during the IFSP process?

PRACTICES		Confident	Need Support
Ongoing Service Coordination (<i>Practice Manual Chapters 7, 8, and 12</i>)			
Family	Check In: I contact the family regularly (i.e., every four to eight weeks) using the preferred method of communication (e.g., phone, text, email). I inquire about the family's satisfaction with services (i.e., the quality, frequency, and timeliness of services) and about any missed visits. I routinely remind the family of next steps (e.g., next meeting, upcoming transitions).		
Providers	Check In: I contact the child's provider(s) regularly (i.e., every four to eight weeks) to inquire if any new issues need to be addressed at upcoming IFSP or Early Intervention Team (EIT) meetings.		
	Progress Notes: I review the child's progress notes monthly and prior to an IFSP or EIT meeting.		
EIT	Responsibility: I verify the child is on the EIT meeting agenda at least quarterly and ensure all questions pertaining to the child and family are addressed during the meeting.		
Case Management	Case Notes: I enter case notes in real-time to reflect a factual account of contacts with the family and providers, scheduling, and other pertinent information.		
	Organization: I have a process for keeping my caseload organized, including a filing system, prioritizing required tasks and preparation for meetings. I know where to locate guidance and who to ask when I need assistance.		
Exit	Contact: I contact the family via phone within 30 days prior to the child exiting to complete a family friendly transition from First Steps. I inquire if the family understands the next steps, needs any outside resources, and confirms the family understands the destruction of records policy.		
	Record: I ensure data entry is complete and inactivate the child's electronic record within 30 days of the child's exit.		

Reflecting on my practices from Ongoing Service Coordination

Which practices are my strengths? Why do I feel these are my strengths?

For practices that need support, what are the challenging aspects for me?

In what ways do I feel engaged or not engaged with families during ongoing service coordination?

What do I like best about service coordination?

What do I like least about service coordination?

Next Steps
Supervisor Review of Service Coordinator Self- Reflection:
Training Needed, Including the Timeline for Completion (SPOE, DESE or Other):
How Will Practices be Re- Assessed:



First Steps Family Assessment Interview and IFSP Meeting Observation Tool

June 2025

Missouri Department of Elementary and Secondary Education

Office of Childhood, Early Intervention Section

First Steps Family Assessment Interview and IFSP Meeting Observation Tool Instructions

Purpose: The *First Steps Family Assessment Interview and Individualized Family Service Plan (IFSP) Meeting Observation Tool* is designed to measure the use of Evidence-Based Practices (EBP) during a family assessment interview and during an IFSP meeting. The intent of the observation tool is to examine the interactions, discussions and overall tone of a family assessment interview and an IFSP meeting, not to serve as a script for conversations. The tool can be used to observe Service Coordinator and Provider practices during a family assessment interview and an IFSP meeting to help identify the need for targeted technical assistance and/or additional training.

The tool also assists the regional System Point of Entry (SPOE) Directors with the annual needs assessment. The needs assessment identifies the strengths, challenges and any related training and technical assistance needed in the region, based on observations of Service Coordinator activities. Observation data is submitted annually to the Department of Elementary and Secondary Education (DESE) as part of the State Systemic Improvement Plan (SSIP) report to the U.S. Department of Education, Office of Special Education.

Description: The observation tool consists of five essential practices to be observed during a family assessment interview and an IFSP meeting. Essential practice 1 examines the family assessment interview. Essential practices 2-5 focus on the IFSP meeting. Each essential practice identifies three or four observable components necessary to achieve the essential practice. Each observable component has three or four key indicators that specify the EBP, with examples and/or prompts in parentheses.

Procedure: The observation tool is intended to be used in its entirety during a family assessment interview and observation of an initial, six-month or annual IFSP meeting; however, each essential practice may be used and scored independently for follow-up observations. Depending on the type of IFSP meeting observed, the depth in which the observable components and key indicators are covered may vary. This is why the tool reflects the words “Explain/Review” in many places. Conversations will be more in depth and more explanation will be needed with families at an initial meeting. In contrast, six-month or annual IFSP meetings often involve a quick review of information previously shared with families.

The tool utilizes a four-point scale for each observable component. The observer selects one rating per component based on the level in which all key indicators are consistently implemented and, when applicable, demonstrated throughout the meeting. The essential practices do not have to be observed or scored in the order indicated in the tool. A notes section provides a place to write comments about the observations that support the ratings. If the family does not provide verbal permission to participate in a family assessment interview, essential practice 1 is not completed and the observer reflects the family’s decision in the notes section of essential practice 1. Observation of the family assessment interview in essential practice 1 is at the discretion of the observer and ratings may vary depending on the type of family assessment interview conducted (e.g. completed in full or review). Additionally, those acknowledged below who assisted with creation of this tool advised against “Not Applicable” when rating, as this can lead to inconsistent scoring results.

References: The *First Steps Family Assessment Interview and IFSP Meeting Observation Tool* was developed with information from the following sources:

- Agreed-Upon Practices: https://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf
- Key Principles: https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf
- Division of Early Childhood- Recommended Practices (DEC-RP): <http://ectacenter.org/decrp/>
- Reaching Potentials through Recommended Practices Observation Scale – Home Visiting (RP² OS-HV): http://ectacenter.org/~pdfs/implement_ebp/RP2_OS-HV.pdf
- Jung, L. A. (2010). Identifying Families’ Supports and Other Resources. In R. A. McWilliam (Ed.), *Working with Families of Young Children with Special Needs* (pp.9-26). New York: Guilford.
- McWilliam, R. A. (2010). Satisfaction with home routines evaluation (SHoRE). *Routines-Based Early Intervention: Supporting Young Children and Their Families* (pp.258). Baltimore: Brookes.

Acknowledgments: DESE staff in the First Steps program would like to thank the following for their feedback and guidance during the development of this tool:

SPOE Directors and Providers on the Program Improvement Work Group
Sherry Franklin, Technical Assistance Specialist- The Early Childhood Technical Assistance (ECTA) Center
Anne Lucas, Technical Assistance Specialist- The Early Childhood Technical Assistance (ECTA) Center
Debbie Shaver, Ph.D., Evaluation Specialist- IDEA Data Center (IDC)

Date of the Observation:	Type of Family Assessment Interview: Completed in Full or Review	Person Observing:	Person Being Observed:			
Family Assessment Interview: Essential Practice #1: Identify/Review the Concerns, Priorities, and Resources of the Family				Most indicators observed (2 of 3, 3 of 4 or 4 of 5)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Explain/Review the purpose of the family assessment interview and how the information will be used. Key indicators include: <ul style="list-style-type: none"> <input type="checkbox"/> Explain/Review this is a chance to get to know the family better. <input type="checkbox"/> Explain/Review that the family assessment interview is voluntary and not required to receive services. <input type="checkbox"/> Explain/Review how the discussion helps to identify the family's supports, resources, and rate the family's satisfaction with daily routines. <input type="checkbox"/> Explain/Review the end goal is to identify priority concerns for the child and family. <input type="checkbox"/> Explain/Review the information collected can be used to create outcomes and determine services based on the family's priorities. 		4	3	2	1	
B. Identify/Review the family's supports and resources. Key indicators include: <ul style="list-style-type: none"> <input type="checkbox"/> Ask the family about the supports they have access to (e.g. the important people and groups the family associates or interacts with). <input type="checkbox"/> Ask the family about the resources they have available (e.g. the important programs and services the family uses). <input type="checkbox"/> At a minimum, one support and one resource is identified by the family. 		4	3	2	1	
C. Inquire about/Review the family's daily routines and activities. Key indicators include: <ul style="list-style-type: none"> <input type="checkbox"/> Determine and rate/Review the family's level of satisfaction with each routine ("When thinking about (ROUTINE), how satisfied are you with this time of day? Is there anything you would like to be different?"). <input type="checkbox"/> Inquire/Review <i>what</i> is working within a routine when the family rates a routine as "Going Ok" or "Working Well." <input type="checkbox"/> Use in-depth questions to acquire more information about routines the family rates as "Not Working Well." <input type="checkbox"/> At a minimum, three routines are discussed in-depth with the family. 		4	3	2	1	
D. Identify/Review the routines that are a priority for the family. Key indicators include: <ul style="list-style-type: none"> <input type="checkbox"/> Recap the conversation with the family to ensure all priority routines identified were covered comprehensively. <input type="checkbox"/> Review the level of satisfaction of each routine, including those rated as "Not Working Well." <input type="checkbox"/> Support the family to identify which routine(s) are a priority for them. 		4	3	2	1	
Total: ____/16						
NOTES:						

Date of the Observation:	Type of IFSP Meeting: Initial, Six-Month or Annual	Person Observing:	Person Being Observed:			
IFSP Meeting: Essential Practice #2: Establish and Maintain a Collaborative and Respectful Climate for All IFSP Team Members, Including the Family.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Explain/Review the purpose and process of the IFSP meeting with all members. Key indicators include: <input type="checkbox"/> Explain/Review all team members, including the family, are encouraged to participate in IFSP discussions (e.g., share ideas, ask questions, discuss observations, problem-solve). <input type="checkbox"/> Describe/Review how IFSP discussions reflect the concerns, priorities, and resources identified by the family (e.g. reflect upon the family assessment interview previously conducted). <input type="checkbox"/> Describe/Review how IFSP discussions lead to the identification of services and supports to assist the family's priorities.			4	3	2	1
B. Share/Review information with all team members in a clear manner. Key indicators include: <input type="checkbox"/> Use simple and short statements. <input type="checkbox"/> Explain complex ideas or concepts so they are more easily understood. <input type="checkbox"/> Avoid the use of jargon so all team members understand what is being shared. <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
C. Use active and reflective listening skills. Key indicators include: <input type="checkbox"/> Summarize information shared by all team members ("It sounds like you... ", "I hear you saying..."). <input type="checkbox"/> Pause frequently during conversations to invite team members to ask clarifying questions or offer input. <input type="checkbox"/> Ask open-ended questions ("What do you think about...", "Tell us more about..."). <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
D. Facilitate the IFSP meeting to include the family as an equal team member. Key indicators include: <input type="checkbox"/> Explain/Reiterate the family knows the child best (e.g., the child's likes, dislikes, strengths, and challenges). <input type="checkbox"/> Focus on what the family wants to accomplish when developing or revising the IFSP. <input type="checkbox"/> Acknowledge and validate the family's perspective and their unique situation (e.g., "That must be challenging for you." "I can tell you are excited when. . ."). <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
Total: ____/16						
NOTES:						

Date of the Observation:	Type of IFSP Meeting: Initial, Six-Month or Annual	Person Observing:	Person Being Observed:			
IFSP Meeting: Essential Practice #3: Prioritize the Family’s Concerns, Considering Child and Family Assessment Information.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Synthesize/Review the information collected regarding the child’s present level of development. Key indicators include: <input type="checkbox"/> Review key health and medical information about the child (e.g., current health status, medical conditions, vision and hearing information). <input type="checkbox"/> Review all five domains of the child’s present levels of development in a family-friendly manner (e.g., strengths and needs identified during the evaluation/assessment are stated in understandable terms rather than a recap of test scores). <input type="checkbox"/> Review the impact of the child’s present levels of development on participation in daily routines and activities (e.g., review evaluation results, family assessment interview findings of what’s working well/not working well, consider multiple settings and various caregivers). <input type="checkbox"/> Involve the family throughout the discussion about the child’s development (e.g., “Does this sound accurate to you?” “What do you notice when he/she...?”).			4	3	2	1
B. Review and update the concerns shared by the family. Key indicators include: <input type="checkbox"/> Review the family-identified concerns related to <u>the child</u> (e.g., “You stated your main concerns were...”). <input type="checkbox"/> Review the family-identified concerns related to <u>the family</u> (e.g., “You stated you really wanted to...”). <input type="checkbox"/> Ask the family about other concerns the IFSP team needs to consider (e.g., “What has changed since we last talked?” “What other concerns do you have that we need to consider?”).			4	3	2	1
C. Identify/Review the family’s priorities related to child and family needs. Key indicators include: <input type="checkbox"/> Explain/Review the purpose of identifying priorities is to select outcomes and services (e.g., acknowledge some concerns might take more time to achieve, the family’s priorities may change over time, and the IFSP team can support changing needs). <input type="checkbox"/> Discuss/Review the family’s most immediate priorities for <u>the child</u> (e.g., “What do you want to work on first?” “What goals do you have in mind for your child?”). <input type="checkbox"/> Discuss/Review the family’s most immediate priorities for <u>the family</u> (e.g., “Are there things you want to do as a family that you cannot do?” “Are there things you are already doing as a family that you need help with?”).			4	3	2	1
			Total: ____/12			
NOTES:						

Date of the Observation:	Type of IFSP Meeting: Initial, Six-Month or Annual	Person Observing:	Person Being Observed:			
IFSP Meeting: Essential Practice #4: Determine/Review IFSP Outcomes for the Child and Family, Considering the Family's Priorities.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Identify and/or revise outcomes for the child and family that are functional. Key indicators include: <input type="checkbox"/> Connect child/family outcomes to priorities shared by the family (e.g. use information captured during the family assessment interview if applicable). <input type="checkbox"/> Discuss/Review how outcomes will build on what the IFSP team knows about the child's present level of development (e.g., "Right now, your child can... so the next step for this outcome would be to..."). <input type="checkbox"/> Discuss/Review how outcomes chosen by the family will support the child/ family's participation in naturally occurring routines (e.g., "You mentioned your family goes to..." "You stated you would like your family to be able to...").			4	3	2	1
B. Identify and/or revise strategies and activities to support the identified functional outcomes. Key indicators include: <input type="checkbox"/> Discuss/Review what the family is already doing in familiar places (e.g., "What have you tried when you go..." "Where else would you like to..?"). <input type="checkbox"/> Discuss/Review familiar things that motivate the child to learn (e.g., "What is your child's favorite toy?" "How does your child show you what she/he likes...dislikes...?"). <input type="checkbox"/> Discuss/Review how to support the child's interactions with familiar people (e.g., older siblings, child care provider).			4	3	2	1
C. Identify and/or revise the criteria for determining progress toward achieving outcomes. Key indicators include: <input type="checkbox"/> Discuss/Review what can be reasonably achieved in an agreed upon time frame. <input type="checkbox"/> Discuss/Review when the IFSP team will know the outcomes are achieved. <input type="checkbox"/> Discuss and/or review how the outcomes may need to change to reflect the needs, priorities, and lifestyles of the child and family.			4	3	2	1
Total: ____/12						
NOTES:						

Date of the Observation:	Type of IFSP Meeting: Initial, Six-Month or Annual	Person Observing:	Person Being Observed:			
IFSP Meeting: Essential Practice #5: Prepare the Family for Early Intervention Services and Next Steps.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Identify/Review services and supports necessary to achieve the identified outcomes. Key indicators include: <input type="checkbox"/> Discuss/Review the family’s resources related to the outcomes (e.g., use information captured during the family assessment interview if applicable, ask questions like, “Who is helping you with this now?” ”How is that agency/person assisting you and your family?”) <input type="checkbox"/> Discuss/Review any additional resources the family needs (e.g., child care options, utility assistance). <input type="checkbox"/> Identify or review the Primary Provider who will assist the family with IFSP outcomes. <input type="checkbox"/> Identify or review whether the Primary Provider needs assistance from others (e.g., use Incremental Decision Making, identify supporting and/or ancillary providers).			4	3	2	1
B. Identify/Review next steps in preparation for services to begin or continue. Key indicators include: <input type="checkbox"/> Explain/Review the process for services to begin, continue or change (e.g., timely services, when Providers will visit, how often). <input type="checkbox"/> Identify/Review the best way to communicate with the family when scheduling visits or meetings (e.g., who to contact, method of contact via text, call, email). <input type="checkbox"/> Explain/Review the Service Coordinator and Provider roles (e.g., the Service Coordinator checks in frequently with the family to address questions/concerns; the Primary Provider visits the family regularly for services).			4	3	2	1
C. Identify/Review next steps in planning for upcoming IFSP meetings. Key indicators include: <input type="checkbox"/> Discuss/Review the frequency of IFSP meetings based on when the next meeting with the family will occur (e.g., Six-Month review, Annual, Transition). <input type="checkbox"/> Explain/Review how changes in the family’s life may impact future services or settings (e.g., having a baby, changing job, new child care, changing insurance coverage). <input type="checkbox"/> Explain/Review how the Early Intervention Team (EIT) supports the family (e.g., Providers keep progress notes, Service Coordinator reviews progress notes, the EIT strategize during meetings).			4	3	2	1
Total: _____/12						
NOTES:						

References for Essential Practices and Each Observable Component

*(NOTE: AUP= Agreed Upon Practice 7KP= Seven Key Principles DEC-RP= Division of Early Childhood- Recommended Practices)

Essential Practice	Observable Component	Sources for Technical Assistance and Follow-Up Training
#1: Identify/Review the Concerns, Priorities, and Resources of the Family	A.	AUP (First Contacts with Families from Referral to the IFSP Meeting) #1 7KP #4 DEC-RP Assessment- Engaging Families as Partners in Their Child’s Assessment Checklist
	B.	AUP (First Contacts with Families from Referral to the IFSP Meeting) #7 7KP #2 DEC-RP Family- Informed Family Decision-Making Practices Checklist
	C.	AUP (First Contacts with Families from Referral to the IFSP Meeting) #6 7KP #3 DEC-RP Assessment- Engaging Families as Partners in Their Child’s Assessment Checklist
	D.	AUP (First Contacts with Families from Referral to the IFSP Meeting) #6 7KP #5 DEC-RP Family- Family-Centered Practices Checklist
#2: Establish and Maintain a Collaborative and Respectful Climate for All IFSP Team Members, Including the Family.	A.	AUP (IFSP Meeting) #2 7KP #4 DEC-RP Teaming & Collaboration- Families are Full Team Members Checklist
	B.	AUP (First Contacts) #2 (IFSP Meeting) #1 7KP #4 DEC-RP Teaming & Collaboration- Communication for Teaming and Collaboration Checklist DEC-RP Teaming & Collaboration Practitioner Guide 1.1
	C.	AUP (First Contacts) #2 7KP #4 DEC-RP Teaming & Collaboration- Communication for Teaming and Collaboration Checklist DEC-RP Teaming & Collaboration Practitioner Guide 2.1
	D.	AUP (IFSP Meeting) #2 7KP #4 DEC-RP Family- Family-Centered Practices Checklist DEC-RP Family- Informed Family Decision-Making Practices Checklist DEC-RP Family Practitioner Guide 1.1
#3: Prioritize the Family’s Concerns Considering Child and Family Assessment Information.	A.	AUP (IFSP Meeting) #3 and #4 7KP #4 DEC-RP Family- Family Capacity-Building Practices Checklist
	B.	AUP (IFSP Meeting) #3 7KP #5 DEC-RP Family- Family-Centered Practices Checklist
	C.	AUP (IFSP Meeting) #3 and #6 7KP #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
#4: Determine/Review IFSP Outcomes for the Child and Family, Considering the Family’s Priorities.	A.	AUP (IFSP Meeting) #7 7KP #1, #2 and #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
	B.	AUP (IFSP Meeting) #6 and #7 7KP #1 and #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
	C.	AUP (IFSP Meeting) #6 and #8 7KP #5 DEC-RP Family- Family Engagement Practices Checklist

#5: Prepare the Family for Early Intervention Services and Next Steps.	A.	AUP (IFSP Meting) #7 7KP #2 and #6 DEC-RP Family- Family-Centered Practices Checklist
	B.	AUP (IFSP Meting) #11 and #12 7KP #4 DEC-RP Family- Family Engagement Practices Checklist
	C.	AUP (IFSP Meeting) #1 AUP (IFSP Meeting) #12 7KP #4 DEC-RP Family- Family Engagement Practices Checklist

Early Hearing Detection and Intervention



Explanation of Request for Parental Consent

Background

Missouri law requires universal hearing screening of all newborns in Missouri. The purpose of the law is to ensure that all newborns and toddlers with hearing loss are identified as early as possible so they can begin receiving early intervention services without delay. As part of newborn screening, the Missouri Department of Health and Senior Services (DHSS) receives initial hearing screening information for all children born in Missouri.

Did you know...



Purpose

The DHSS requests parental consent to share a child's name and date of the first signed Individual Family Service Plan (IFSP) to ensure infants diagnosed with hearing loss and their families are receiving necessary resources and supports. This information also enables the DHSS to improve the identification and referral process for families like yours in the future.

Privacy: DHSS respects your family's privacy. Personally identifiable information is never released.

For more information call toll-free:
800-877-6246

www.health.mo.gov/living/newbornscreening

Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.



SPOE Mileage Monitoring Tips and Tricks – April 2024



- Use the **SPOE Daily Mileage log** provided on the First Steps webpage under the [SPOE Administration Manual](#).
- Remember to log mileage for approved **First Steps related activities only**. For **office related travel**, include a description of the activity (e.g., mailings to post office, drop off AT) in the Other column.
- Each SPOE staff person must **designate one official domicile** on their mileage log where staff begin work each day. SPOE staff track mileage from the starting point that is closest to the First Steps related activity (i.e. starting point, official domicile or SPOE office).
- Include a precise address for each location traveled **on a separate line on the daily mileage log**. (i.e. Early Head Start is not a specific address).
- Verify the exact destination street **address and city is accurate and spelled correctly** on the daily mileage log (especially for rural county roads). Check WebSPOE to determine exact addresses.
- Consider using words like **“State Highway J”**, **“County Road 287”**, and **“Missouri Route 19”** to give more precise locations.
- Document the starting address and then one destination address. **Do not combine several trips on one line**.
- Enter starting address under **“Other”** when SPOE staff members do not begin at the official domicile.
- If traveling to multiple First Steps activities, then the return to domicile from the last activity is entered as **“Return to domicile” in the Other** column on the mileage log.
- Keep in mind total miles are the actual miles traveled for one specific trip and are **not estimated mileage numbers**.
- When recording mileage, always use whole numbers, rounding up if the actual number is .5 or more and rounding down if it is .4 or less (i.e. 16.5 would be listed as 17 miles; 82.3 would be 82 miles on the log).
- Verify if each entry is a **round trip** destination by entering **“Y” or “N”** on the daily mileage log.
- DESE utilizes the computer-based Google Maps program (not the phone app) for determining the **most direct route** traveled for all First Steps related activities. The most direct route is generally considered the shortest route.
- **Note the reason for additional mileage** if the most direct route is unavailable (e.g. road closed due to construction).
- Acceptable reasons for additional mileage are typically due to **safety concerns or road conditions**.
- **Double check all calculations** when adding up the total miles before completing the mileage invoice.

First Steps Professional Development Log for Service Coordinators

Name: _____

Email: _____

Enrollment Month/Year: _____

Calendar Year: _____

SPOE Region: _____

Date	Professional Development Title (Name of training, course, conference, webinar, publication, etc.)	Presenter/Author Name	Time Participated	Topic Area		
				Child Development	Early Intervention	Family Engagement
			Total Hours			

Attach copy of attendance certificates, agendas or other relevant documentation

I certify that the information entered above as required to fulfill the annual professional development requirement in the First Steps SPOE Contract is accurate and correct to the best of my knowledge.

Signature

Date

SPOE Professional Development Tips and Tricks June 2024



- SPOE Service Coordinators must obtain **10** hours of professional development annually within the applicable calendar year (**i.e., January 1-December 31**). These hours are pro-rated for enrollment mid-year.
- Service Coordinators **must** use the **First Steps Professional Development Log for Service Coordinators** to document hours.
- Professional development **must** relate to the following three topic areas: **child development, early intervention, or family engagement**.
- Professional development may include in-person or online webinars, workshops, conferences, and seminars sponsored by national, state, and local professional organizations as well as continuing education courses and podcasts.
- Up to **five hours** of professional development may come from self-study reading, including books, articles, or journals if related to the three topic areas.
- Up to **45 minutes**, per EIT meeting, of professional development may come from EIT meeting activities if professional development time is listed on the agenda and if the subject is related to the three topic areas. Note: Regular EIT meeting activities are not considered professional development time.
- DESE-sponsored professional development may include Early Childhood Outcomes (ECO), Early Intervention Team (EIT), Family Assessment or Functional Outcomes training and Conference on the Young Years (CYY). The Service Coordinator **must be an attendee and recipient of training, not the presenter**, of the professional development activity.
- Completion of First Steps Online Module Trainings are required for enrollment and **are not** approved for professional development. Supplemental information provided in the modules' resource library may offer additional professional development activities that could count towards the required hours if related to the three topic areas.
- Professional development that focuses only on agency specific requirements (i.e., billing, mandated reporter training, etc.) **may not** be counted toward the required hours of annual professional development.
- Professional development that focuses on health and safety (e.g., first aid or CPR trainings) **may not** be counted toward the required hours of annual professional development.
- A certificate of attendance or copy of the agenda is required for each activity. Certificates must include the Service Coordinator's first and last name, the title and date(s) of the activity, the hours attended, and the signature and title of the presenter/organization. Agendas must list the title of the activity, the presenter and specific timeframe of the activity.
- If an activity **does not** offer a certificate or an agenda, the Service Coordinator **must** write a short description including the title, date, length of presentation or activity, presenter (or author), location (if applicable), and a narrative summary of the activity **written in the Service Coordinator's own words**.
- Certificates, agendas, and narrative summaries must be maintained with the professional development logs at the SPOE office for **five years** following the completion of each calendar year.
- Service Coordinators may be required to submit professional development logs and supporting documentation to DESE upon request during a professional development review. Currently, First Steps Service Coordinators do not log PD hours in the [MOPD system](#).
- While Service Coordinators only have to complete ten hours, the professional development requirements follow the same guidelines as non-licensed providers, as outlined in [Service Provider Manual Chapter 1](#).



Early Intervention Team (EIT) Meeting Agenda Template

TEAM:

DATE:

TIME:

LOCATION:

AGENDA

1. DESE Updates

2. SPOE Updates

3. Professional Development

- Topic:
- Length of Time:
- Resources:

4. Collaboration with Ancillary Providers

Child Name	Age in Months	Service Coordinator	Ancillary Provider	Question or Topic for Discussion

5. Team Discussion

Child Name	Age in Months	Service Coordinator	Primary Provider	Topics for Discussion or Strategies Needed

6. New Children to the Team

Child Name	Age in Months	Service Coordinator	Primary Provider	Reason for Referral	Date of Initial IFSP

7. Timely Services

Child Name	Age in Months	Service Coordinator	Primary Provider	Meeting Date	Service Added	Must Start By

8. Upcoming IFSP Meetings in Next 2 Months

Child Name	Age in Months	Service Coordinator	Primary Provider	IFSP Meeting Due by or Date Scheduled	Potential Changes

9. Upcoming Transition Meetings in Next 2 Months

Child Name	Age in Months	Service Coordinator	Primary Provider	Transition Meeting Due by or Date Scheduled	School District

10. Children Exiting in Next 2 Months

Child Name	Age in Months	Service Coordinator	Primary Provider	Exit Date	Missed Visits Owed to Family (Compensatory Visits)

11. Child and Family Updates (No Discussion Needed)

Child Name	Age in Months	Service Coordinator	Primary Provider	Update

12. Wrap Up

- **Next Meeting**
Date:
Time:
Location:
- **Other:**

REMINDERS

- Notify the Teaming Coordinator of changes to your payee information.
- Notify the Teaming Coordinator of changes to your availability.
- Check your WebSPOE Message Center daily.
- Ensure your email address is up to date in WebSPOE.
- Ensure progress notes are current and complete.

Teaming Coordinator Name
Email Address
Phone Number

Meeting Attendance Sheet

[illegible]